KANSAS MEDICAL JOURNAL.

VOL. IV. TOPEKA, KANSAS, NOVEMBER, 1892. No. 11.

The Early Diagnosis and Early Treatment of Acute Anterior Poliomyelitis.

Read before the Mississippi Valley Medical Society, October, 1892,

BY

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Aside from trauma, perhaps the most prolific source of deformity and of physical incapacity from useless limbs is acute inflammation of the anterior spinal horns of gray matter. It is believed that a considerable portion of this deformity and this helplessness may be obviated by an early diagnosis of the spinal trouble and prompt treatment to prevent the distortions which ultimately and usually follow in its wake. This must be sufficient apology for bringing forward a rather trite subject.

That the diagnosis of paralysis from destruction of the cornual gray matter of the cord is not always made early is demonstrated too frequently in every clinic for nervous troubles, where children with flabby, wasted, pendulous extremities are brought by anxious parents with the story that the physician who first saw the child made light of the trouble, attributing it to worms, or cutting teeth, or some fever, and assuring them that the child would outgrow the disability. Very often the initial fever of the malady is mistaken for some trifling ailment, and when the child shortly afterwards is found paralyzed, the family rather naturally lose confidence in the medical adviser who had given an unguarded prognosis, and whose chagrin is readily imagined.

Diagnosis.—The most susceptible period of life for the onset of this disease is during the latter half of the first year, the predisposition rapidly diminishing thereafter, so that over three-fifths of all cases are encountered under four years of age. The inability of these little patients to express their feelings in language adds greatly to the diagnostic problem and leads often to a misinterpretation of conditions that are mainly subjective.

Nearly every systematic writer on this topic lays emphasis on the absence of sensory disturbances in the early stage of the malady as well as later, but notes in older children and in the rare cases occurring in adult life the presence of rheumatoid pains and cutaneous tenderness with a tendency, however, to attribute them to an associated neuritis or to some intercurrent malady. But that sensory disturbance does occur early has been noted too often, even in infants, to be attributed to coincidental difficulties or to be described as an unusual feature. If this hyperæsthetic condition of the involved limbs be carefully sought, it will be found in all probability very rarely absent during the first few days, or even the first fortnight of the disease, and lends great assistance in deciphering the case.

The onset of the disease presents considerable variation, which again adds to our difficulties. Usually there is a febrile stage with a temperature of from 101° to 102°, peevishness, restlessness, loss of appetite and general indication of discomfort, lasting from a few hours to a week or ten days, during which inactivity in certain limbs is noticed, but unless the medical man be on the alert, is attributed to the general illness, which in turn is mistaken for intestinal disturbance or any of the numerous slight ailments marked by low temperatures that beset childhood. In some instances the onset is extremely abrupt, a complete paralysis

of limbs being found without any antecedent malaise. Possibly the child has gone to sleep in apparent health and wakes paralyzed. In other instances there is much mental excitement and generalized convulsions with vomiting, which misleads the attention in the direction of cerebral mischief and lends coloring to the supposition that the succeeding palsy is of inter-cranial origin. Cerebral palsy, however, is of rather more sudden development, and the attending convulsions are of a Jacksonian type, involving only a portion of the body, a single limb, or perhaps only one side of the face.

They are usually repeated at short intervals for a number of hours or may extend over several days, and are marked by profound depression and often by stupor, while the convulsions in question are complete in their distribution, single or few in number, and not related to cortical irritation and localization.

Now during the febrile stage, if the child is handled carefully, it will be noticed that the manipulation of certain limbs gives rise to manifestations of distress not provoked by similar interference on the opposite side, and the sensitive limbs will either be found already inactive or will shortly present a palsied state. At times a fall or injury, to which infant life is so liable, will give rise to the impression that the local tenderness is the result of some such accident and must be investigated on surgical lines. Indeed, almost as a rule, when the paralysis is fully developed, some one is accused of carelessness in handling the child, and unjust blame often falls upon the nurse. Lack of mobility from injury is likely to involve a single large joint to which the tenderness is also confined; while in cornual involvement, especially at first, the paretic state is much more extensive. Even when but a slight permanent palsy remains, as for instance, impairment of the tibialis anticus, the initial paralysis usually involves the entire extremity, and the tenderness here insisted upon is also of equally-wide distribution.

A peripheral neuritis, except as the result of severe injury, with which of course it would have anatomical relations, is positively rare in infancy, and a multiple neuritis even rarer. When present, it is of gradual onset, marked by pain, extreme tenderness and slight, or no, febrile movement. The resulting atrophy is of later development and usually is manifest in the skin, nails and other dermal structures which are spared by acute poliomyelitis. The symmetry of distribution in multiple neuritis at once characterizes it and contrasts it with the monoplegic tendency of cornual inflammation, while the antecedent clinical history of an infectious disease, of metallic poisoning, or of syphilis or other dyscrasia is highly suggestive though not distinctive of the peripheral disease in which too the paralysis is of tardy appearance, requiring weeks to reach its maximum. In poliomyelitis the palsy is most pronounced at the very first, is very rarely hemiplegic in distribution, and much more rarely of a paraplegic type.

At the end of a fortnight the character of the palsy can be absolutely determined by testing the muscles with a faradic current. Any simple battery will answer the purpose, and in the unaffected limbs we have a perfect standard of comparison. All involved muscles will show a lowered activity when stimulated by this form of electrical current which determines at once the extent of palsy and of cord involvement while giving information of great value as to the outlook.

Any muscle that shows the least response may be expected to regain a fair share of its strength, while those totally inert may confidently be expected to remain in some degree paretic and to waste. Knowing, then, the muscles that will be spared, their tendency to contraction can be met, and in this is the principle of treatment upon which too much stress cannot be laid.

Without going into details regarding the muscle groups usually involved, it may be said that the cervical and lumbar enlargements of the cord are the preferred locations for the central lesion, and drop-wrist and drop-foot the most usual result, with pronounced tendency to contractures and flexion at the knee, hip and elbow. The limb is

rarely so completely involved as to result in a permanent flail-like appendage.

The essentials, then, for an early diagnosis are a slight fever, local tenderness, flacidity of muscles and a failure to respond to a faradic current strong enough to cause contraction in the sound limbs. The tendon reflexes are abolished also very early, but as they are difficult to obtain in infants, their investigation has not been insisted upon.

Treatment.—If one is fortunate enough to make the diagnosis during the fever that condition will be variously met, though there is reason to think that the real nature of the disease is the result of intoxication by a ptomaine or leucomaine with an elective action upon the spinal gray matter, and from this point of view salicylates or mercury may be advisable. At this time the child should be kept as much as possible on the side or face, and very mild sinapisms to the spine with brisk catharsis seem indicated, as well as other measures of proved value in myelitis. Usually, however, the fever has subsided and the paralysis has been noted before the case is clearly diagnosed, and it is at this juncture that the greatest help can be afforded in the way of preventing deformities.

The conditions for consideration in local treatment are these: The normal balance of the muscles passing a given articulation is disturbed by the weakening of flexors and extensors; either from gravity, or by the action of the impaired muscles, or both, the joints are disposed to be placed in and to maintain unusual positions; joint surfaces and ligaments in infancy quickly yield, and the mal-position becomes mechanically fixed; a muscle that is allowed for a long time to retain a contracted state tends to become inextensile; a muscle in a stretched position always acts at a disadvantage, because in that condition its anatomical opponent is in the best mechanical position to act vigorously. The important deduction is to maintain normal positions and relations in the affected extremities.

In the somewhat analagous condition of wrist-drop from lead poisoning it is found that when all other treatment has practically failed, the continued employment of splints to maintain the joints in a straight position, or better in one of extension, is followed by very marked improvement. The reasons seem obvious; the joint surfaces are thus reaccustomed to their normal relations and the weakened extensors are given the advantage of position. This advantage is especially required in the palsy of poliomyelitis, because the implicated muscle rarely regains its full power, and being temporarily deprived of all strength should find the most favorable conditions for its action as it gradually regains tone. Considering, in such a case, the ankle joint after the expiration of several months, we find the calf muscles shortened, the toe pointing downwards and inwards, the anterior tibial group of muscles, the ones usually involved, wasted and presenting but a little of their former strength, and this exerted in almost a straight line without leverage against the strongly-acting and contractured sural mass which has besides every mechanical advantage. The little strength in the anterior muscles has slowly developed, but could it have found the joint in a normal position, and been able to respond to its diminished trophic and motor spinal influence, its prospects for development and usefulness would have been greatly improved.

Therefore, to reiterate, the normal position of involved limbs is from the first to be persistently maintained. This, however, is not always an easy task, but by ingenuity, patience and intelligent assistance of the mother it can be accomplished. The affected limb should be dressed warmly, and this warm dressing may be made the means of the indicated mechanical support. In the lower extremity a well-fitting long stocking, attached to a waist, can be used. Two whalebone or vulcanite dress stays, sewed to the front and back of this stocking, support the knee, and a very light elastic band to the foot will, by its proper arrangement, correct the tendency to drop-foot and turned ankle. A similar arrangement can be used for the upper extremity, the stocking terminating in a mitten and being secured to a

waist at the shoulder. The comparative immobilization of the hip joint is much more difficult, but an upward extension of the dress stays to the armpit answers fairly well. In some cases a light brace may be used with advantage, or ordinary fracture dressings.

The next item of importance is to maintain the nutrition of the paralyzed muscles until the trophic influence of the cord is restored, that it may find all conditions favorable for its usually much-impaired activity. This is to be accomplished, except in the muscles whose central apparatus has been completely destroyed by the disease, by means of massage, frictions and electricity, for which it is their only indication. The rather hazy notions prevalent concerning some mystic relations between electricity and nerve force has led to the empirical use of the battery in all paraletic states, but if it be understood that its only utility is to maintain the activity of muscle tissue and to conserve thereby its responsiveness to nerve control its use will be made much more precise and its limitations more clearly apprehended. These muscles early lose their excitability to faradic or induced electricity, and consequently the galvanic current to which they respond with abnormal readiness must be used. Six to ten active cells, a broad negative sponge on the sternum or sacrum and a smaller positive sponge on the muscles is an appropriate arrangement. Care must be used not to overwork the muscles, and most of all not to alarm and distress the infant, as thereby more harm than good results. The contractions, which only occur on contact of the sponge with the limb, should not exceed a dozen at each daily seance, but may be increased later as voluntary power returns or faradic response reappears, both of which are favorable indications for the individual muscles so reacting. It is a doubtful expedient to intrust electrical treatment to the parents or others, however intelligent.

Frequently-repeated massage and frictions are of like importance and for the same purpose. These can be carried out by lay people with great satisfaction. It is highly important in these manipulations to thoroughly stretch all muscles which show, or are likely to show, any tendency to permanent shortening, to passively put all joints through their widest range of motion and to confine the massage principally to the palsied muscles. Frequent sponge bathing is also beneficial and may be combined.

The use of strychnia can only be of value by its tonic action and its physiological effect on the cord, hence its hypodermic employment which has found advocates is a needless cruelty, but its careful and persistent administration by the mouth after the active process has subsided is often of value. With electricity and massage it should not be used during the first two or three weeks. Any subnormal condition of the general health and any dyscrasia, lack of hygienic surroundings and of proper diet should of course receive early and persistent attention.

Calcareous Formations in the Eye.

Read before the Section of Ophthalmology of the Kansas State Medical Society at Fort Scott, Kansas, May 4, 1892.

BY

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Calcareous deposits are generally found in dead tissue or where the vitality is low.

They do not destroy the structure of the organ, but are deposited within and include the structure.

When the calcareous matter is removed, the histological tissue formation can be recognized.

A bony formation indicates life, growth, whereas the calcareous deposit denotes death.

The probability is that these "bony or calcareous masses have their origin in 'little colloid' bodies found in the surface of the lamina vitrea." According to Alt these vitreous bodies may be the starting point of osseous plates upon the inner surface of the choroid.

Their true nature has not been determined.

Lime deposits are common in the various tissues of the body. When found outside of the bony structure where it is normal, it is identical with the lime found in the bones. It is supposed to be held in solution in the fluids of the body by the presence of carbon dioxide.

There is a metastatic calcification described by Virchow.

In multiple caries, with rapid destruction of bone or sarcoma affecting the bone, post-mortem has revealed calcification of portions of the lung, of the kidney and intestines. This explains how stony concretions have been coughed up from the lungs.

Lime salts are held in solution in the fluids of the body, and are readily precipitated.

When these fluids come in contact with obsolete tissue there is stagnation and there may be a consequent deposit of lime. Probably the quiescent state of the fluid in contact with the dead or dying tissue renders it more alkaline and favors the deposit.

In old cases of irido-choroiditis there is sometimes a lime deposit. In such cases the iris is firmly adherent to the lens and atrophied. The lens may become a stony mass throughout its whole extent. These deposits are usually carbonate of lime.

The nucleus may be a foreign body lodged in the part, or these stony concretions may follow an injury, illustrated by the following cases:

CASE I. W. B. L., age twenty-five; white; American; married; telegraph operator of McPherson, Kansas. He was injured July 1, 1876, by a piece of gun cap hitting him in the eye at the junction of the upper and lower quadrant of the cornea at its margin, penetrating the globe.

The sight gradually disappeared, and in the fall of 1876 he visited Dr. Holmes, of Chicago, who advised enucleation, which was refused. It gave him but little trouble, if any, up to November 10, 1887, when pain set in.

This history was given November 22, 1887, when Dr. J. R. Fay brought him to my office.

The good eye pained him so he could not work. Vision 20-40. The pupil was dull and responded but little to the light, and in fact iritis serosa was present.

There was total loss of vision in the injured eye.

The pupil was occluded, and there was complete anterior synechiæ.

The globe was irregular and phthisical.

The eye was enucleated.

The triangular shape of the globe was due to calcification of the lens, as you will see by inspection.

This specimen is the enucleated eye. (It was passed around.)

You will observe that the stony formation is in the site of the lens. It measures 16 mm. in its long diameter, 10 mm. at its width, 7 mm. at the narrow end, and averages 4.5 mm. in thickness.

The vitreous, retina and choroid had broken down, and the space was occupied by a dark, grumous fluid.

CASE II. Mr. J. G., age fifty-four; German; married; farmer; Salina, Kansas. He was injured in the left eye forty years ago by the tine of a pitchfork. The sight of the eye was lost immediately.

The eye never gave him any pain, but has always been tender on pressure.

The sight in the right eye began to fail two years ago, when he resorted to spectacles, which did not clear the vision perfectly.

In November, 1891, vision failed him so that he could not see to read.

Examination showed phthisis bulbi well marked.

Ciliary injection with a leash of vessels extending obliquely across the cornea from an old cicatrix upwards and inwards.

The point of injury was in the cornea in the lower and outer border, involving the ciliary region, as shown by the cicatrix at that point.

The globe was flattened in the lower meridian; pressure on it gave pain, and continued pressure produced an uneasy sensation in the other eye.

The right eye was tender. Pressure and slight manipulation produced ciliary injection. There was also incipient cataract,

and the iris dilated sluggishly under the influence of atropine.

This history and examination was obtained and made by Dr. R. S. Magee, January 7, 1892, in consultation with Dr. Wm. B. DeWees, his family physician, and enucleation of the injured eye was advised.

On February 4, 1892, accompanied by his physician, he called at my office.

Examination showed the above conditions present, and the necessity of an enucleation confirmed.

The eye was removed by Dr. Magee the same day.

The tine of the pitchfork evidently entered at the cicatrix above mentioned, passing entirely through the eyeball, making its exit at a point just behind the equator and to the inner side of the optic nerve, as indicated by a cicatrix at this site, showing that the direction of the tine had been backwards, inwards and slightly upwards.

The posterior half of the globe felt firm and hard to the touch, as if some cup-shaped substance was within, the sclera moving upon it, as you will see. (The eye was passed around.)

Section of the globe showed a stony calcareous deposit, a complete, hollow cast of the posterior half of the eyeball, measuring 21 mm. across its greatest diameter, 18 mm. across its narrowest diameter, and 10 mm. in depth. (This includes the thickness of the bottom of the cup, averaging 2 mm. in thickness throughout.)

IN granulated eyelids, when the patient complains of dryness of the lids, the following treatment will give relief:

℞

Hydrarg. ox. flav.....grs. ij
Vaseline.....℥ ss

M. Sig.: Apply a small quantity to the eye at bed-hour every night or every second night. When the ointment is too strong or too frequently applied, or when too much is applied at one time, the light will hurt the eye the next day.

Lacerated and Incised Wounds of Tendons and Muscles, with Report of Cases.

Read before the Topeka Academy of Medicine and Surgery, October 5, 1892,

By J. L. GILBERT, M.D., Topeka, Kansas.

The medical literature to-day abounds in accounts of great operations of various kinds, but we see few reports of cases of minor surgery—cases such as the general practitioner may be called at any moment to attend. For this reason I beg leave to report two cases which came under my care while a student, and take the opportunity to bring out as free a discussion as possible on the points therein involved.

CASE I. John L., colored, age eleven, was injured December 1, 1891, by the explosion of a torpedo, such as are used in signaling railroad trains. A piece of this tin torpedo, which I present for your inspection, was completely buried in the soft structures on the flexor surface of left forearm, about two inches above the radio-carpal joint.

The temporary dressing consisted of a large quid of tobacco, and various rags and cloths of questionable asepsis.

He was brought to Dr. McClintock's office, at which place I was then a student, for further attention.

The usual preparations being made and the patient placed under the anæsthetic, the temporary dressing was removed and the wound thoroughly cleansed with an antiseptic solution of hydronapthol in hot water. During this process several pieces of glass, together with above-mentioned piece of torpedo, were removed from a large transverse wound.

The situation and nature of the wound indicated that there had been great damage done to important structures beneath the skin.

The wound was then enlarged by longitudinal incisions both above and below the transverse wound. This gave us opportunity to ascertain the amount of damage done. It was then found that there had

been severed the tendons of the palmaris longus, flexor carpii radialis, flexor sublimus digitorum and flexor profundus digitorum, making five tendons together with muscular structures in the neighborhood. The radial, ulnar and interosseous arteries, together with the median nerve, escaped destruction.

Commencing at the depth of the wound, the corresponding tendons and lacerated muscles were brought end to end with silk sutures. In order to approximate the divided structures nicely, the tendons were stretched down and relaxation of the muscles was accomplished by extreme flexion of fingers on hand, hand on forearm, and forearm on arm. The wound then being in the shape of a cross was closed from center outward, a drainage tube being introduced at the junction of the transverse and longitudinal limbs, and reaching to the bottom of wound. A dry antiseptic dressing was applied, together with bandages, and followed lastly by a plaster of paris dressing, as would be used in a fracture, still maintaining the position of fingers, hand and forearm as mentioned.

I saw the patient next day and removed a portion of plaster dressing sufficient to allow easy access to the wound. I then removed the antiseptic dressings and drainage tube, and found only a small amount of serum had been discharged.

I saw and dressed the wound every day until the fifth day after accident, and again on the eighth day, when the sutures closing wound in skin were removed. The wound was found united throughout, except at the point where the drainage tube was used. This afterward closed.

Each time the dressing was opened the wound was thoroughly irrigated with an antiseptic solution and again closed with fresh antiseptic dressings.

At the end of three weeks the plaster dressing was removed and motion of fingers and hand was commenced. This was repeated twice per week at first and followed by plaster dressing. At the end of two more weeks the plaster dressing was abandoned and the patient ordered to practice motion himself.

It was found at this time that he had almost complete use of his hand and fingers, but a portion of the skin, about one inch in diameter, was found still adherent to tendons of flexor sublimis digitorum. This, by manipulation, was afterward reduced to less than the size of a dime. To-day he has perfect use of his fingers and hand; indeed! as good as I. No loss in strength or motion.

I requested privilege to open the original wound and dissect loose these adhesions. This was refused by the parents, saying that they preferred to let good enough alone.

I will now present this case for your inspection that you may see the result.

CASE II. Peter J., young colored man, came to Dr. McClintock's office December 31, 1891, with deeply-incised transverse wound of extensor surface of left forearm, about three inches above radio-carpal joint, produced by a large pocket-knife.

The incision was enlarged by longitudinal incisions carried both above and below the original wound. Found three tendons severed, together with muscular tissue in that location.

I proceeded to close wound as in Case I, except that to gain as much relaxation as possible the fingers and hand were extended on forearm as far as possible, and maintained in that position for three weeks.

Drainage tube removed at the end of thirty-six hours. Sutures closing skin removed in about ten days.

The wound was found healed throughout. Function of hand and fingers complete when discharged, except some stiffness from the long-continued extension.

In this case, in closing the incisions in the skin, the deep fascia was closed at the same time; whereas in Case I, on account of the lacerated condition of the parts, it was impossible to bring only a small part of the deep fascia together again.

In neither of these cases was there a rise in temperature or a sign of inflammation, consequently they healed readily and without a drop of pus.

The next case occurred in the practice of

Dr. McClintock, who gives me the privilege of reporting it.

CASE III. Mr. B., a cooper, while engaged in his work, struck his left wrist with an adze, inflicting a wound in which were divided the os trapezium, radial and superficialis volæ arteries and the tendon of flexor carpii radialis. The arteries were tied, tendons sutured and the divided bone was thus held in place. Antiseptic dressings, together with rest, effected a cure without loss of motion or stiffness of wrist.

In reviewing these cases, we find in Case I a badly-lacerated wound, infected to start with, and yet resulting in perfect union and in perfect function.

In Case I, we had adhesions, but nothing more than could be expected under the circumstances. The adhesions could have been broken up, the scar removed, and scarcely anyone would have known that there had been a wound of that arm which possibly may have made amputation necessary.

In Case II, the parts were clean cut, and it was possible to unite the deep fascia, consequently there were no adhesions.

In Case I, could the deep fascia have been united throughout, it would perhaps not have resulted in adhesions.

In Case III we had an important joint opened, a bone divided, or, in other words, a compound fracture; two important arteries severed and a tendon divided.

From these cases we would conclude that these wounds demand a thorough examination and a rigid treatment.

We should remember our anatomy, as the wrong suturing of a tendon or nerve might lead to embarrassing results to the patient.

We should remember our antiseptics, and should carefully watch these wounds, as the prevention of inflammation is the one great object to be attained if we wish primary union and rostoration of function in the injured part.

The method of "end to end" suture is as good in its results and quite as convenient as the Esmark or method of lapping in suture of tendons. The deep fascia should be brought together if possible, as it tends to prevent adhesions and keeps the deeper structures in place better than otherwise.

Complete relaxation, together with rest of injured muscles, must be secured and maintained steadily for three or more weeks. Fibrous tissues are slow to heal, and continued vigilance will be the price of success.

If in the first wound we are not successful in keeping down inflammation, and we have a general adhesion of parts adjacent, a secondary operation under more favorable circumstances, possibly, would be more successful.*

From these cases we would conclude that if we give nature a proper chance there will be a great effort made to repair and restore the function of extensively-injured parts, and that as long as there is a proper supply of blood to the injured part and beyond, we should not be too hasty with our amputating knife.

I wish, also, to tender my thanks to Dr. McClintock for his assistance and advice in these cases.

*[NOTE.—Cases of rupture of tendons or muscles, either recent or neglected and of long standing, should be treated by incision and restoration of injured part to its normal position by sutures; this followed by antiseptic dressings and rest.]

Obstetrical Work in the Home of the Friendless at St. Joseph, Mo.

Read before the Northeastern Kansas Medical Society at Seneca, Kansas, June 16, 1892.

By DANIEL MORTON, M.D., St. Joseph, Mo.

The House of the Friendless, St. Joseph, Mo., has connected with it a lying-in hospital. From its name many persons wrongly suppose that this institution cares for the fallen women of the community, for no human being is so friendless as a fallen woman. Such a supposition is entirely erroneous, since prostitutes are not admitted under any circumstances; the inmates of the lying-in hospital being in the majority of cases unmarried primiparæ, under thirty years of age, coming of respectable ancestry and sometimes from the "tony" element of society. I have been stopped on the streets of St. Joseph and asked to treat with es-

pecial consideration such and such an inmate, because she came of a good family. We never know who the patient is, for every one of them assumes a false name and conceals her identity.

One several years ago preferred to die unknown, a stranger among strangers, rather than be buried at home with its accompanying disgrace. By the merest accident her relatives in another state were discovered.

Some married women, not many, are admitted.

From five to ten pregnant, confined and nursing women are usually in the hospital. The total number of inmates vary from thirty-five to sixty-five per month, the work being confined entirely to children and women. Homes of adoption being secured for the children as rapidly as possible. Pay patients secure any extra attentions desired.

I invite your attention to a few important points in the routine management of cases at this lying-in hospital, as carried out by myself and my co-laborer, Dr. W. H. Craugh.

The diagnosis of pregnancy having been made, the patient is examined for nephritis and other affections that have a deleterious effect upon her confinement. The bowels receive careful attention. On the days immediately preceding labor the patient is required to bathe the entire body. When labor pains are well established, the rectum is emptied with an enema and the bladder catheterized. The external genitals are rendered thoroughly antiseptic with warm bichloride 1-1000; absorbent cotton being used as a rag and thrown away after each bath. During their convalescence these baths are repeated twice daily.

From this time until the patient is discharged the principle underlying the management of the case is simply this: Prevent infection from without, it will not occur from any other source. Vaginal examinations are made as seldom as possible, and abdominal palpation made to give all possible information. The hands are washed with nail brush, soap and water, rinsed in 1-1000 bichloride and alcohol. The trained nurse is required to toilet her hands in the same manner. This toilet is repeated as often as necessary; the hands of the physician being kept in an aseptic condition during the entire labor.

No vaginal or uterine injections are used. Why should they be, unless infection has occurred in spite of all attempts to prevent it? Does the surgeon, after performing an aseptic operation, wash out his wound every few hours with a bichloride solution? There is as much cause for irrigation after an aseptic operation as there is for irrigation after an aseptic delivery. Please remember that I now speak of delivery in a hospital. In private practice it is often impossible to have an aseptic delivery. I sometimes astonish my private patients by expressing a wish that they were in the Home of the Friendless instead of at their own houses.

After delivery we make as near an occlusion dressing as possible. This is obtained with the antiseptic pad. It is made by rolling absorbent antiseptic cotton in any antiseptic gauze desired. When well made and singly applied to the vulva, it is a beautiful and efficient dressing. The pads are changed every three hours for the first three days, or as often as a moist spot shows that an infection atrium has been established.

This paper is purposely brief. Only one important point is emphasized so that your attention may become focused upon it and recognize its importance. The unclean finger of the accoucheuer is the most dangerous instrument in the armamentarium of the obstetrician; the aseptic finger, with an eye in its end, his most useful ally. I repeat, prevent infection from without.

The temperature charts which are being circulated will show the temperature records of several cases. They are not selected.

PERITONITIS is claimed now to come under the domain of surgery. Surgeons claim that the results obtained by the general practitioner are not satisfactory, and that operative interference has given better results. If this is true, let surgery have a chance. The cause of peritonitis must be traumatism is the surgeons are correct.

Antipyretics.

Read before the N. E. K. M. & P. Association at Whiting, Kansas, October 11, 1892.

By J. W. GRAHAM, M.D., Wetmore, Kansas.

This is from a therapeutical standpoint one of the most essential groups of remedies known to medical science. As all agents used or applied for the purpose of reducing body temperature when abnormally high would be classed in its group, whether (1st) reduced by diminishing tissue change, (2d) reducing circulation, (3d) dilating cutaneous vessels and producing increased radiation, (4th) producing perspiration, or (5th) abstracting heat from the body, making five different modes of reducing temperature, and consequently must have five different acting agents considered for the purpose of accomplishing one object, and to take each up and consider it in its class would not only be tedious for the writer, but monotonous and tiresome to the society, consequently will only take up and comment on a very few of the most-used in actual practice. Antifebrin and antipyrine are the most-extensively used in nearly all cases of high temperature in nearly all the different types of fevers; their action being quick and positive, having virtually two of the different actions combined by diminution of tissue change and perspiration.

These remedies, while in almost constant use, are very often, in my opinion, used where contra-indicated and oftentimes causing collapse, coma and finally death. While antifebrin is only classed among the antipyretics, having an action directly upon tissue change and perspiratory organism, it is supposed to have a direct effect on the thermogenetic centers; reduces temperature in therapeutical doses without any depressing effect under certain conditions of patient, while in toxic doses arterial pressure is soon observed and the motor nerves depressed in power, while the sensitive are but slightly affected. Cardiac depression and a supposed hiding of the vasso-motor paths. Cinchona and all its productions are extensively used for lessening the production of bodily heat, as also salicin and its kindred preparations. Aconite also has its place among the first non-heat producing remedies, while alcohol, nitrous ether, Dover's powder, cold applications, sponging, packing, etc., are among the best promotors of loss of heat.

In general practice we have two conditions, one or the other of which must be produced to reduce temperature. Either use remedial agents to lessen the production of heat or promote the loss of heat. Taking it for granted that every physician knows the therapeutical action of all the principal agents enumerated, then we must consider when, where and under what conditions their use would be indicated.

In all cases of continued fevers the main aim should be to control bodily heat, and use mainly supportive treatment in the first stages and especially where there is much disturbance of the nerve centers. Antipyrine or antifebrin would be indicated. Where there is too rapid circulation, a remedy to reduce circulation would be successfully used, the most preferable being aconite. Where the temperature rises periodically, quinine or the salicylates would be especially indicated.

We also get antipyretic results from purgation and venesection, but their mode of action is such that they cannot be classed among this group of remedies. Resorcin, veratrum and the antimonials are also worthy of recognition, together with numbers of other minor agents.

In all low stages of fevers the sponge bath is indispensable, and often the temperature can be reduced by persistent sponging when no other course could be pursued without fatal results. When the patient is in a prostrated condition with high temperature, nothing has ever given me the same satisfactory results as sponging persistently with water until the temperature is lowered two or three degrees, and then follow with alcohol bath, and were it not for the prejudice existing, I believe much good might be accomplished at times by the wet pack when other remedies have failed to produce the desired effect. Phenacetine is making its way toward professional favor as an antipyretic, especially where the indication would be to modify nerve function.

SOCIETY PROCEEDINGS.

The Topeka Academy of Medicine and Surgery.

The Topeka Academy of Medicine and Surgery met in A. O. U. W. hall, Wednesday, October 5, 1892. Dr. W. S. Lindsay in the chair.

There were present Drs. Minney, Gilbert, Pelton, Lindsay, R. E. McVey, Plummer, Mitchell, W. E. McVey, Rodgers, Conger, Longshore, McCrea, Sheldon, Powell, Ida Barnes, Stewart, McClintock and Peers.

Students: Dillon, McClintock and Batty.

Minutes of last meeting read and approved.

Paper by Dr. Conger on "First Treatment of Injuries to Hand."

"Extreme conservatism is in order in these cases. First step: Aseptic cleanliness, hot water, acid carbol or bichloride solution. No amputation should be made unless absolutely necessary. In straight, clean amputation would prefer dry dressing with bismuth sub-iodid and a piece of carbolized, bichloride or borated gauze and bandage. Where there is much laceration and contusion, a moist dressing, *i. e.*, gauze taken out of a hot bichloride or carbolic solution, is preferable. Nails under which there are extravasations of blood should be drilled with the sharp point of a bistoury, and the blood allowed to escape."

DISCUSSION.

Dr. Rodgers.—"I have always used a great deal of conservatism in these cases. I found that a great many cases are benefitted by beginning treatment by wrapping in McIntosh and cotton. It seems to restore the life to injured parts better than hot water or other applications. After twenty-four hours, amputations may be made if necessary, but we are able by this means to save much tissue. Railroad injuries are especially dirty, and it is difficult to have an aseptic condition. The doctor's treatment meets with my approval."

Dr. Pelton reported a case where there was great destruction of tissue, and amputation was necessary.

Dr. Minney.—"The doctor did not state what methods he would use in determining what tissue might be saved or what might be restored. In olden times they waited for a line of demarcation, now we think the physician has much to do with the extent of destruction. Am inclined to think hot water, used at intervals, is a valuable restorative agent. In injuries to the eye I direct the use of hot water at intervals of one to two hours, and in ugly-looking wounds, extensive contusions, etc., we get good results. We cannot always determine at once what tissue must be removed, and some means of restoration should be adopted during the waiting period."

Dr. Mitchell.—"The question to determine is to what extent the supply of blood is cut off. It is often difficult to so determine, and some means should be had to aid us." Reported a case of comminuted fracture in which blood supply was cut off and amputation at elbow was necessitated. "Would like to ask the doctor to explain more particularly the conditions demanding moist dressings instead of dry."

Dr. Conger, in closing: "In regard to remarks of Dr. Rodgers, I believe his idea is a good one, but I have usually used moist dressings. In regard to Dr. Minney's question, I don't often wait for line of demarcation, but do for a line of restoration, in the meantime using hot applications and use of anodynes until all the restoration is established possible, then amputating, so as to give most serviceable stump possible. In clean, straight amputation use dry dressing, but where there is much contusion use gauze soaked in hot water, keeping dressing wet."

Paper was received.

Dr. J. L. Gilbert read a paper on "Lacerated Tendons and Muscles." (See page 768.)

DISCUSSION.

Dr. McClintock said it required a man with good knowledge of anatomy to get a result like the one presented. I do not claim any

credit for these cases, as I left them entirely in the hands of Dr. Gilbert.

Dr. Mitchell.—"This is a new work which has recently supplanted the old methods of treating these cases. Such a result then would have been deemed impossible. This suggests the importance to the younger men and students when they meet these especially interesting cases, noting them down and preserving a record for future reference."

Dr. Rodgers.—"This is a successful case, but the question arises, Is it proper to suture tendons when lacerated? The first paper I heard on this subject was eleven years ago. The vitality of tendons is very low, and from the tendency to suppuration and inflammation it is frequently best to put to rest without suturing, especially so in lacerated wounds with contusion. In the majority of cases it is best to wait at least till inflammation subsides before suturing."

Dr. Pelton.—"In regard to union of nerves I think the recent experience has taught us when we are unable to unite the ends of severed nerves we may unite with another nerve and preserve motion. Sometimes the nerve may be split and then united to nerve below, and thus preserve motion."

Dr. Minney.—"I am highly pleased with the report. Comparing this case with others which have resulted in a stiff arm, I am sure this is the proper method and remarkably successful."

Dr. Rodgers.—"This is not a matter which should be decided by three successful cases. It is a subject fifty or one hundred years old. We know there are facts reported which show this is frequently dangerous. If muscles and tendons are put at rest, they will unite. The suture does not increase the vitality nor make them unite. You, when suturing, flex the hand or place the muscle at rest, keeping the ends in apposition. Why then give the suture the credit for the result. The question is whether this is new and proper surgery or old surgery."

Dr. Mitchell.—"Dr. Rodgers is not consistent. He first said not to suture on account of danger of suppuration. With antiseptic or aseptic suturing there is no danger of suppuration."

Dr. Minney.—"I don't believe there is any danger in suturing if done properly. The reported bad results are doubtless due to bad surgery, septic conditions, etc. There is, we know, difficulty in getting the ends properly united."

Dr. Rodgers.—"With Dr. Minney it is simply a case of post hoc propter hoc. It would be as reasonable to go down and suture bones when fractured. We have no more business to suture tendons than bones. To present a case where a tendon has been sutured and union secured, don't prove that the same might not have been secured by proper position and dressing."

Dr. McClintock.—"By flexing the muscle and bringing the hand in such a position that there was no tension whatever, would there be a tendency of suture to produce suppuration? Where they are left open and to unite, without suture the space between the ends is filled up by new granulation tissue, and all the tendons may unite to this granulation tissue."

Dr. Rodgers.—"When the arm is flexed, the tendons are as much in apposition as when sutured. We are here to discuss these papers and not give each other taffy. I do not say I would never suture a tendon. I would not do so in a contused wound because I would expect sloughing around the tendons and would expect the work to be undone."

Dr. Sheldon.—"While it is not new I think suturing tendons is frequently good surgery. There are cases where it is proper and practiced by the best surgeons. The idea of Dr. Rodgers that in contused wounds there would be more chance for suppuration is not based on good pathology. If rendered aseptic, contused wounds do not necessarily produce suppuration. The comparison with fractured bones is not good, for in fractured bones the muscle tends to bring the bones together while the muscle draws tendons apart. Posture alone is not sufficient. Suture is necessary to get good union."

Dr. Stewart.—"It seems to me that in cases like the one presented it is conservative surgery to suture the ends. It seems

like trusting to luck to leave the ends to unite when they can be sutured."

Dr. Powell.—"There may something be said on both sides. In the case presented the tendons severed were not those which would produce great deformity. So far as I can learn, it is considered proper to suture when tendons, which would produce much deformity, are lacerated."

Dr. Longshore reported a case where the position and careful dressing failed to produce union.

Dr. McVey, Sr.—"The argument of Dr. Rodgers has not been answered. In the union of tissues nature makes no mistakes. Union will take place if not interfered with."

Dr. Lindsay.—"It seems to me that tendons would not unite if not in apposition, and might unite to surrounding fascia. They would unite if they had an opportunity, but if allowed to remain loose in non-apposition there would be no opportunity."

Dr. Gilbert.—"I think we should suture tendons or muscles in every case. If the space is allowed to fill in with cicatricial tissue there will be impaired function. The new tissue will unite with the sheath and impair function. Subcutaneous tenotomy is entirely a different matter, as here it is not intended to get union. Relaxation alone will not bring the ends of tendons together. In fractured bones the ends are in apposition, but in tendons they are not. If you cannot at first secure asepsis, defer suturing till some time when you can. Where deformity results, a secondary operation should be done to correct the deformity and restore the function."

The name of Dr. Maggie L. McCrea, graduate of the Women's Medical College, Chicago, 1891, was proposed.

Dr. Minney reported a case.

Resolution of Dr. McClintock to change date and place of meeting was amended by changing first Wednesday to second Monday.

Committee on hall were instructed, on motion, to rent front A. O. U. W. hall for second Monday at $1.50.

Bill for rent of hall—$2—and of W. E. McVey for postal cards and printing—$1—allowed.

Society adjourned to meet second Monday in November at A. O. U. W. parlors.

W. E. McVey, *Secretary*.

The State Line and Republican Valley Medical Societies.

A joint meeting of the State Line and Republican Valley Medical Societies was held in Concordia, Kansas, October 4, 1892.

Members present: Dr. Daily, Beloit; Drs. Sawhill, Pigman, Udell, Marcotte and McCasey, Concordia; Dr. Mitchell, Superior, Neb.; Drs. Sheldon, Wall, Ward, Magee, McClintock, Topeka; Dr. Jeanotte, Clyde; Dr. Tyler, Clifton; Dr. Stewart, Courtland; Dr. McKeeby, Red Cloud, Neb.; Dr. O'Brien, secretary Kansas State Board of Health.

Dr. Sawhill, in the absence of president and vice-presidents, called the meeting to order.

On motion, the rules were suspended and Dr. Herman P. Daniels, of Scottsville, Kas., was elected a member of the Republican Valley Medical Association. Dr. J. W. Johnson, of Formosa, was in like manner duly elected a member, and Dr. C. M. Arbuthnot and Dr. G. N. Lowe were elected members of the State Line Medical Association.

Dr. O'Brien, of Topeka, Kansas, secretary of the Kansas State Board of Health, was elected an honorary member of both associations, and invited to participate in the discussions.

Adjourned.

Society convened at 1:30 P. M. with Dr. G. E. McKeeby, of Red Cloud, Neb., in the chair.

The president announced that this was the date of the annual meeting of the State Line Medical Society, and that officers for the ensuing year must be selected. In order to expedite that order of business, he would appoint Drs. Mitchell, Magee and Pigman a committee to select and recommend officers. The committee reported as follows:

President.—Dr. G. E. McKeeby, Red Cloud, Neb.

First vice-president.—Dr. B. B. Davis, McCook, Neb.

Second vice-president.—Dr. S. C. Pigman, Concordia, Kas.

Secretary.—Dr. J. W. Mitchell, Superior, Neb.

Treasurer.—Dr. L. A. Powell, Superior, Neb.

On motion, the rules were suspended and the secretary directed to cast the ballot of the association for the persons named in the report.

The president appointed Dr. W. J. Raynor, Hardy, Neb., Dr. D. R. Buffington, Nelson, Neb., and Dr. F. L. Marcotte, Concordia, Kas., a board of censors.

Committee on Publication.—Dr. Mitchell, of Superior, Neb., Dr. Magee, of Topeka, and Dr. Pigman, of Concordia, were in like manner appointed by chair.

Dr. F. M. Daily presented a man, aged twenty-eight, with disease of inferior maxilla which was examined by the society, who concurred in the opinion as to malignancy, but differed as to probable character of affection, whether osteo-sarcoma or epithelioma.

Dr. Marcotte presented a case (young man) for diagnosis and treatment.

Dr. Lowe presented a case (middle-aged woman) for diagnosis and treatment.

The chair appointed Drs. Marcotte, Lowe, Daily, Sheldon and Sawhill a committee to examine the cases and report.

Dr. N. Udell, of Concordia, read a paper on "Boils," which was pretty generally discussed by the members present, and on motion of Dr. Sheldon the paper was received by the society.

Dr. M. B. Ward, of Topeka, read a paper entitled "Radical *vs.* Conservative Treatment of Salpingitis," which, on motion of Dr. Mitchell, of Superior, Neb., was received by the society and opened for discussion.

Dr. Pigman thought the paper a meritorious one, dealing with a subject of much importance. That while we were all ready to admit many of the pains and aches with attendant ill-health amenable to conservative treatment, there could no longer remain a doubt as to the expediency of early operation when pus tubes were present, or perhaps suspected. Pus was a great evil and should be evacuated. The average practitioner might diagnosticate diseased tubes, but feel diffident in undertaking so formidable an operation for relief, from lack of experience and technical knowledge.

Dr. Magee reported a case which had come under his observation which had been operated upon by Dr. Ward for pyosalpingitis with complete recovery inside of four weeks after the operation. Before the operation she had been a constant sufferer from headaches and general indisposition. The patient said she felt like a new woman.

Dr. R. S. Magee, of Topeka, reported a case of traumatic cataract in which the cataract had been brought on by a piece of steel entering the lens and producing blindness. Sympathetic trouble had developed in the other eye. Something had to be done. The lens was removed, together with the piece of steel. All sympathetic trouble has now subsided, and the patient can now read the finest print with the aid of a lens. The man has again resumed his former avocation—that of machinist.

The paper was received by the society, and discussed by Drs. Sheldon, Wall and Daily. Closed by Dr. Magee.

The committee appointed to examine cases presented by Drs. Marcotte and Lowe reported that Dr. Marcotte's case was probably pustular eczema, and recommended in way of treatment, iron, arsenic, codliver oil, and hypophosphites to be tried faithfully.

Dr. Lowe's case was either rodent ulcer, lupus or epithelioma.

Dr. Daily thought lupus might be excluded, as the ulcer lacked the appearance of that disease, owing to the absence of isles of cicatrized tissue.

Dr. Sheldon.—"The history of this case aids us largely in our diagnosis. Her family history shows tuberculosis; her light weight and emaciated appearance, with frequent pulse and elevated temperature, points to that specific character. The history of the case would lead us to the same conclusion.

It commenced as a brown mole or nodule, grew slow, and finally, after several years, terminating in destructive ulceration. The locality is diagnostic, as ulcerative lupus most frequently attacks the face; as is also the comparative freedom from pain, which is usually present in epitheliomatous ulceration. The well-defined and everted edges, induration and the uneven, red granulation at bottom of ulcer, are indicative of lupus. She has been through the mercurial and iodide treatment for 'specific ulceration' without receiving any benefit, and local treatment has been of no avail; but it has continued to grow. While a microscopical examination would alone establish a positive diagnosis, I think we have circumstantial evidence sufficient to justify our diagnosis of lupus, and would recommend as treatment a wash of pyoktanin 1 to 400 and ointment iodoform ℥ ss, lanolin ℥ i. M. Et. ft. unguent.

The committee concurred that the microscope only could settle the diagnosis.

A resolution was offered by Dr. F. M. Daily that the Republican Valley and State Line Medical Associations be consolidated under title of Kansas and Nebraska Medical Society, which, on motion, was referred to action of next joint meeting at Superior in January, 1893.

On motion, the president and secretary were instructed to issue credentials to any member desiring to represent either society at the meeting of the Mississippi Valley Medical Society, to be held in Cincinnati, Ohio, October 12, 1892.

S. C. PIGMAN, M.D.,
Secretary.

The Golden Belt and East Kansas Medical Societies.

The Golden Belt and East Kansas Medical Societies met in Junction City, October 6, 1892.

Present: Drs. Gunn, Wall, Ida Barnes, Sheldon, Ward, LaFever, McClintock, Geo. Harvey, Felty, W. S. Harvey, Pelton, Warren, Lyman, Daily, King, DeWees, Magee, McVey, Ross, Steadman, Hazlett, Daugherty, Reynolds, O'Brien and Cloud.

The following applications for membership to the East Kansas Society were presented and reported favorably upon by board of censors:

L. R. King, Junction City, recommended by Dr. Magee, College Physicians and Surgeons, Chicago, 1890.

W. S. Bunn, Lawrence, Kas., recommended by Dr. Magee, Columbus Medical College, 1884.

F. M. Daily, Beloit, recommended by Drs. Sheldon and Ward, Keokuk Medical College, 1878.

The following applications for membership in Golden Belt Society were received and approved by board of censors:

E. B. LaFever, Abilene; Dr. Eskridge, Denver, Col.; H. B. Felty, Abilene; Morgan Cloud, Junction City; L. J. Warren, Clay Center.

The following committees for Golden Belt were appointed:

Election.—Drs. Hazlett, Murphy and King.

Ethics.—Drs. Daugherty, Felty and W. S. Harvey.

Publication committee.—Drs. DeWees, Hays and Ketchersid.

Executive committee.—Drs. Ketchersid, Blesh and Geo. Harvey.

Upon motion, all visiting physicians were tendered the privilege of the floor.

Dr. Ida Barnes reported a case of typhoid fever with complications. The patient was a female of hysterical history. When first seen, temperature was 102°, pulse 120. Gave phenacetine and quinine, but temperature reached 106° and pulse 140. Patient gave history of a chill; tongue was trembling; edges red; some tympanitis and diarrhœa and typhoid spots; subsultus tendinum; urine, upon examination, showed blood and epithelium and granular casts. Syphilitic complication was manifested by general eruption and ulceration of nose and swelling of joints. As the fever subsided, syphilitic manifestations increased. Was later exposed to cold draught, contracted a capillary bronchitis and died.

DISCUSSION.

Dr. Ward.—"Dr. Barnes received nothing for the work in this case, but shows by her report that she attended it as faithfully as if she had received $10 per visit."

Dr. Sheldon.—"I think many of these symptoms were due to the syphilitic poison and effects upon the nerve centers. I can hardly understand a case with pulse and temperature of this kind due to typhoid fever, and think termination a result of syphilis. The management was very unsatisfactory on account of obstinacy of the patient."

Dr. Pelton.—"I think the case interesting on account of syphilitic complication and others. The immediate rise of temperature after hysterical attack brings to mind the reports of cases of rise of temperature of six degrees from hysterical disturbance alone. This may be due to effect on trophic centers or paralysis of vaso-motor tract controlling the temperature."

Dr. Barnes, in closing.—"I think the pulse might be explained by presence of goitre. After first six weeks she had no fever until bronchitis was contracted."

The next paper was read by Dr. S. E. Sheldon on "Intestinal Anastomosis without Plates."

Paper received.

DISCUSSION.

Dr. Warren.—"In intestinal work the two considerations are simplicity and neatness, and also rapidity. The operation recommended by Dr. Sheldon is a good one to one who understands it. I believe the time is coming when we will do away with plates, etc., and sutures alone will do. I can see no advantage of suture on inside over one on outside. If this operation affords us simplicity and rapidity, it is what we want. This is a good operation for emergencies. The difficulty with plates is our not having them in an emergency, and the danger of narrowing bowel, and also danger of gangrene. We also have a blind sack which gives us danger of enteroliths. I consider the end anastomosis the best one for this reason. I think the paper and operations worthy of our consideration."

Dr. Ward.—"The lateral operation does not differ from that of a great many operators. In the operation recommended by Dr. Sheldon, with incision one and one-half inches long, the edges will be in apposition. The danger is the collapse of the walls and narrowing of lumen. In regard to the end anastomosis I do not think there is any advantage over the others. I think the rubber tube a valuable addition, and keeps the lumen open. I can see no advantage of the longitudinal incision; it only adds another cicatrix. I think these sutures can be introduced from without as well as from within."

Dr. Daugherty.—"In the operation in which an oblong piece is taken out and the sides sutured together, we get rid of the danger of narrowing."

Dr. Ward.—"The results of the operation with elastic ligatures are very pretty, and they are rapidly done. It can be done with no shock and with more safety than any other operation, but you must experiment before you can do it properly."

Dr. McClintock.—"I do the lateral anastomosis. Not because I think it best, but because it has been most done and most in favor. I think the end to end or circular enteroraphy is the ideal operation, but I would not do it without the aid of the rubber tube, for they have not given good results without."

Dr. Magee reported a case seen in Chicago in which rubber tube was used and a perforation resulted.

Dr. McClintock.—"I think this might have been a hard rubber tube, as they were using everything there at that time experimenting on dogs."

Dr. Pelton.—"The results obtained on the lower animals are not the same as in man. Operations which are successful on dogs are not always as successful on man. The lower the organism, the more chance of repair. The question in regard to these operations is: Would the lateral incision overbalance the introduction of sutures from the outside? I think theoretically it is a

very feasible operation, and think it preferable to the insertion of tube."

Dr. Felty reported a case of incarcerated gut. Had no plates and no tube, but used a boiled potato, making a circular enteroraphy, incising six to eight inches of gut; inserted the potato with a lumen in it, suturing over it with Lambert sutures. "While the patient in this case died, I believe the potato will answer as well as rings or tubes. I see no reason why a longitudinal incision should be made simply to keep the stitches on the inside. They do no harm, and I can see nothing gained by the additional incision."

Dr. Sheldon, in closing.—"In regard to Dr. Felty's remarks: I claim the advantage gained by longitudinal incision is the rapidity gained. You can suture much quicker than over a tube. It is a question if this incision overbalances the gain, but there is little time lost in closing the longitudinal incision. The potato is very useful, and it does not matter if it is nearly raw, as it soon passes away. I think there is an advantage in having the stitches all on the inside. We should be ready upon emergency to do whatever operation seems best. The tube may give some support, but with it you may get disintegration or necrosis from pressure, and if you stitch through there is danger of leakage. Monsell has practiced this operation for twelve years and claims to have had no bad results."

Dr. LaFever asked what is necessity of such rapidity or subjecting gut to additional traumatism to gain a little speed?

Dr. Sheldon.—"There is no additional traumatism. The longitudinal incision adds nothing to the danger. It is a principal of abdominal operation to expose the cavity as short a time as possible. The quicker the operation, the less danger to patient."

Dr. Ward.—"It has been demonstrated that forty minutes exposure of abdominal cavity most surely results in death of patient."

Report of a case of "Amblyopia," by Dr. G. A. Wall.

Paper was received.

DISCUSSION.

Dr. Warren asked if such a condition might not result from syphilis.

Dr. Wall answered he thought vision would not have returned if it had been syphilitic. "He had been on iodides before and during my treatment. There was no abnormal appearance of vessels on retina. Have no explanation to offer for pin-hole vision."

Dr. Pelton.—"I saw the case and believed it to be of nervous trouble, and took some pains to look the matter up. In regard to the pathology of the case, I would like to say the history shows the trouble to have come on after a fit of laughing. This is a manifestation of hysteria. There are cases of paralysis accompanying hysteria where function may be restored by exercise of the will. An irritation of sympathetic might produce a similar effect on vaso-motor nerves."

Dr. Magee.—"The pin-hole pupil seems to furnish a clew to the temporary blindness. The action of eserine is to contract pupil and nearly complete blindness of eye. (Dr. Wall explained that he meant pin-hole vision pupils were normal.) The fact that the vision returned gradually in the eye is evidence of pressure. When the trouble is due to thrombus, it would return at once. If due to pressure, it was behind the chiasm; if in front, it would have affected only one eye. I think it was not a thrombus, but I think it was due to pressure in region of chiasm."

Dr. Pelton.—"In reply to Dr. Magee: The cases reported which were due to hysteria, lasting for months, are reported by men who would know if there was organic lesion. This man was hysterical, and we know cases of this kind exist. And I think it reasonable to suppose this was of this character, and not to pressure. The shifting from one eye to the other in one night would rather indicate a hysterical trouble rather than organic lesion."

Dr. McClintock.—"I am not satisfied with the explanation made. I don't think the hysterical theory explains it. There is no

history of hysteria, except that the man laughed."

Dr. Hazlett.—"Have never seen a case of ischæmia of retina." Reported a case of a lad, who, while at dinner, suddenly became blind in right eye. "Examination showed perception of sight; no change in retina or fundus. Made repeated examination, but found no evidence of disease, except dilation of pupil. For a week saw no improvement. There was twitching about the mouth, etc., choreic movements and divergent squint. Put him on strychnine, and at end of week slight improvement in vision and also in nervous symptoms. Improvement was gradual and continuous. At no time could I discover any lesion at fundus. Vision was at no time improved by any glass. In July vision was 20-30, and so remained for one month. Boy was sent east to an oculist, who recommended same treatment, and said he thought it a descending neuritis of optic nerve. Vision still remains 20-30."

In reply to Dr. Magee, Dr. Pelton said he would refer him to Dr. Mitchell, who reports cases of paralysis of arm or leg from hysteria. "Why, if it will produce paralysis of arm or leg and spasm of one artery, why not of the arteria centralis of retina? If fear will produce palor of face, wont an irritation, which will produce spasm of one portion, produce palor there? There is no doubt but this was a hysterical individual."

Dr. Magee.—"I would take issue with the doctor. What is true of other nerves is not true of optic nerve. Nerves of arm are not connected, but fibres of optic nerve interlace. I cannot see that Dr. Pelton's explanation will account for loss of vision of one eye, then, later, the other."

Dr. Reynolds reported a case: "Girl, seventeen years old. Nearly blind in one eye. Examination revealed nothing in fundus. Marked error of refraction. There was some improvement, and general treatment was recommended. She was of a hysterical nature."

Dr. Wall, in closing.—"I do not agree with Dr. Pelton that it was hysterical. If it had been I think vision would have completely returned. It may have been due to pressure, but I cannot understand how it would have caused complete blindness if it had been due to pressure at chiasm on account of distribution of nerve fibres. In Dr. Reynold's case I think it was one of the cases of error of refraction where there is displacement of macula."

The next paper was read by Dr. Reynolds, on "Eye Work for General Practitioner."

Paper received.

DISCUSSION.

Dr. Hazlett.—"It is important that general practitioners should know enough of these troubles to adjust glasses for ordinary errors of refraction when unaccompanied by astigmatism. I believe all cases of high-grade hypermetropia or astigmatism should be referred to specialists. All cases of conjunctivitis or cornitis may be successfully treated by general practitioner. In cases of glaucoma there is a field for the physician to do much good. You must have some experience in fitting frames in order that you get the correct pupillary distance and properly-adjusting nose piece."

Dr. Wall.—"It is absolutely necessary that a specialist should know something of general medicine. So a general practitioner should know something of eye work. I don't think pupillary distance of glasses amounts to much. We do not look through the center of glasses much of the time. Some authors claim complete correction is best, but I do not think so, and prefer under-correction. I use homatropine in all cases, or cocaine."

Dr. Magee.—"I think a great deal of trouble with glasses is due to improper fitting by ordinary jewelers, who know nothing about fitting glasses, or the patient fitting himself. He will usually take the glass which makes the letter the largest and plainest. In regard to use of atropia, we must be careful as to amount and strength. After forty years of age it should not be used except with caution, on account of danger of bringing on glaucoma. Squint cannot be corrected by operation unless error of refraction is corrected also. I make it a rule, when glasses are fitted for reading only, to

fit pupillary distance at twelve inches. When used for all work it is not always possible to do this."

Dr. Reynolds.—"It is exceptional that an ordinary dealer ever properly adjusts the pupillary distance, yet in presbyopia these glasses are serviceable to some extent. In regard to use of atropia, we do not find it necessary to use it above forty years of age, as we do not find the spasm in such cases. The best usual strength is four grains to one ounce. Two-grain solution is not sufficient."

Paper by Dr. W. S. Harvey on "Use of Forceps in Cases of Impacted Breech with Synopsis of Case."

Paper received and opened for discussion.

Dr. Reynolds.—"These suits for malpractice interest all of us. Have had some experience of the kind."

Dr. Daugherty.—"I don't think I ever used forceps in breech presentation until after this case of Dr. Harvey's. Less than a year afterwards, however, I had occasion to use them, and I have concluded there is little more danger in applying forceps to pelvis than to head."

Dr. Ward reported a case of tumor of abdomen. See this journal.

Report received.

DISCUSSION.

Dr. DeWees.—"I think Dr. Ward would be justified in bragging of this case. I consider him the Lawson Tait of Kansas. Some of our Kansas physicians are gaining wide reputation for good work."

Dr. DeWees presented to the society his action traction forcep, exhibiting a pair to the society.

DISCUSSION.

Dr. Ward.—"The difficulty with these forceps is the springy blades and tendency to slip off the head, and the blades being close together you can make too much compression upon the skull."

Dr. O'Brien made a short talk on the careless method of admitting members to our society and upon the medical practice act—its scope and the difficulties attending its enforcement.

Motion that the East Kansas Society meet next time at Topeka in three months was carried.

The Golden Belt Society to meet in Salina.

The N. E. K. M. & P. Association.

This association met in Whiting, Kansas, October 11, 1892.

Present: Drs. Riggs, Moore, Rafter, Dr. and Mrs. Paddock, Graham, Northrup, Sheldon, McVey, Love, Magee and Brown.

First paper on the program was "Antipyretics," by Dr. Graham, of Wetmore. (See page 772.)

DISCUSSION.

Dr. Sheldon.—"In treatment of fevers we should ascertain the cause and attempt to remove it, and not depend upon antipyretics. We all use antipyretics in some form, or some one of them, but in addition to these we should try to remove the cause. There is danger of heart depression, and we should use these remedies with caution."

Dr. Riggs.—"Would ask Dr. Sheldon what class of fevers he would use the coal-tar derivatives in."

Dr. Sheldon.—"The author of the paper explained this, saying it was best used where there was a nervous element."

Dr. Graham.—"I look upon antipyretics as temporary expedients. We should select the class to be used for different fevers, *i. e.*, salicylates in rheumatic fever, etc."

Dr. Paddock.—"I would like to bring out a point in regard to phenacetin. I think it is safer and better than the other antipyretics." Reported a case of collapse from use of large doses of antifebrine. "We consider these as temporary effects, but we think the effect better than the ravages of high temperature. In malarial fever, however, we have the cinchona derivatives, which are also curative, and antipyretics. Where there is pain with high temperature I prefer antipyrin or antikamnia."

Dr. Love presented a case of congenital deformity of the hand in a girl; first and second fingers being shortened, partially de-

veloped, and united together to the first joints. Also some ankylosis of second finger. An operation to separate fingers was advised.

Dr. Riggs presented a case of hæmaturia, which had previously been brought before the society at the meeting in May, 1892, and stated that "hemorrhage has continued from that time till the present with no appreciable change except loss of flesh. Appetite, strength and sleep remain good. Mother reported to have died of cancer of uterus though was sick only two months. No tenderness on pressure, or pain."

Dr. McVey reported result of microscopic examination of urine. "Found numerous red blood corpuscles, pus and a few blood casts."

Dr. Moore reported some cases. Three children, nine, six and three years old, were found apparently drunk; pupils dilated; pulse fast and weak; no vomiting and no diarrhœa. On speaking sharply to them they would turn face in opposite direction. Gave emetic and got gympson seed. Gave laudanum and recovery followed. Another case later gave same symptoms and same treatment gave like result.

Dr. Paddock gave a short talk on stomach trouble. "Dyspepsia means indigestion. Not a disease, only a symptom of disease. In chronic gastritis we have certain symptoms: Trouble after eating immediately, oppressed feeling. There is another kind of trouble with the stomach, differing from this occurring three to four hours after eating. Oppressed feeling similar to that above, due to an excess of acid. There should be a normal amount. There may be a diminished amount, causing pain and disturbance. I should amend the terms by calling the one hyperhydro-chloricidria and the opposite anahydro-chloricidria. We know what to do with this acid. Neutralize; give an alkali; most any form. Weak solution of carbonate of sodium, creta preparata, carbonate of magnesia. Last mentioned is probably resorted to more than anything else. In the other form an acid must be given."

Society adjourned to meet in December at Netawaka.

R. S. MAGEE, M.D.,
Secretary.

The Pot of Brimstone.

The threatened invasion of cholera calls to mind the various means employed to destroy disease germs, and questionings will arise in the mind of the thinking physician concerning the destructive value of the usual official fumigation. Not long ago a layman asked us "why it was that the fumes of burning sulphur would kill everything but bed-bugs; it makes them livelier than ever." This sounds like a jest, but it has about as much fun in it as the grin on the face of a corpse, dead of lock-jaw. Brethren, such things ought not so to be. A house, when fumigated, should have the stove-pipe holes tightly plugged, the cracks about windows and doors tightly calked with cotton or rags, and every precaution taken to keep the fumes of sulphur within the house. At least six pounds of sulphur should be used to each 1,000 cubic feet; boiling water should add its steam to the vaporized sulphur; then we may expect that the bed-bugs, as well as disease germs, will be destroyed.

A National Secretary of Public Health.

The appearance of cholera in our harbors and the conflict of authority at the port of New York emphasizes the movement inaugurated by the American Medical Association for establishing a secretary of public health.

The bill introduced into the last congress will be considered by the next, and with certain modifications should become a law. What grander mission for a cabinet officer than developing and utilizing such knowledge as shall prevent or restrain the importation and dissemination of malignant epidemics, preserve health, prolong life, and thus add immeasurably to the happiness and prosperity of the people?

Kansas Medical Journal.

PUBLISHED MONTHLY.

SUBSCRIPTION PRICE, INCLUDING POSTAGE:
Per annum, in advance..... $2 00
Single copies..... 25 cents
Subscription may begin at any time. The safest mode of remittance is by bank check or postal money order drawn to the order of the undersigned. When neither is accessible, remittances may be made at the risk of the publishers, by forwarding in Registered Letter. Address

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723 Kansas Avenue.

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TOPEKA, KANSAS, NOVEMBER, 1892.

Diphtheria.

From many different parts of our country we hear accounts of this dread disease. We are meeting with cases in our daily rounds, and we find on inquiry that the sick child has had a seat mate at school who has been suffering with sore throat, but has not been sick enough to justify detention at home. These cases are undoubtedly in some instances diphtheria, and in this way the disease is spread and lives lost by ignorance and carelessness that is no less a crime. It seems to us that boards of health should instruct teachers to make strict inquiry every day, and if a child is found with a sore throat the child should at once be sent home and the parents notified to send for a physician, and that such children be denied admission to school unless bearing a physician's certificate that the sore throat is harmless. "Oppose the beginning of disease."

Cholera.

Some of our exchanges join with the secular press in shouting cholera scare, as though there was no need of warning words and efficient work. America's lack of vital statistics is evidence of her lack of sanitary provision. Where statistics have been kept we find Asiatic cholera has lent no unwilling hand in the carnival of death.

In a recent article in the *Virginia Medical Monthly*, Joseph Jones, M.D., L.L.D., shows that where kept they emphasize the importance of arousing both the people and profession to the necessity of sanitary preparation. He says out of a population of 55,000, in 1832, there were 8,099 deaths in New Orleans from cholera, and that from 1844 to 1880 there were 11,847, and that during the same period, from various bowel troubles not charged to Asiatic cholera, 29,771, or a total of 41,618; while during the same period, what is considered the great southern plague—yellow fever—only destroyed 28,739. Whether cholera, cholera morbus, cholera infantum, diarrhœa or dysentery, the whole family is largely amenable to preventive medicine.

THE *Texas Health Journal* has a war whoop that in most localities would sound unhealthy. It says: "The ignorant, inhuman and brutal conduct of the judicial council of the Texas State Medical Association has no parallel in the proceedings of medical societies; in fact, such a precedent cannot be found in this nineteenth century civilization. Whitecapism towers into temples of justice when compared with it; in fact, the darkest dungeons of hell, compared with the deeds of that council, are flowery gardens and oriental castles." All that may be only ordinary Lone-Star rhetoric, perfectly adapted to a health journal, but in many localities it would have a gory tint and odor.

Subscribe for the MEDICAL JOURNAL.

As a recent notice in this journal has informed our readers, the Eleventh International Congress will meet in Rome, Italy, from September 24 to October 1, 1893. By an official letter, dated August 22, 1892, and signed by Prof. Guido Baccelli, president, and Prof. E. Maragliano, secretary general, Dr. A. Jacobi, of New York, has been directed to form an American sub-committee. Its membership is not yet complete, but on it are already found, besides that of the chairman, the names of Drs. Wm. Osler, of Baltimore, S. C. Busey, of Washington, N. S. Davis, of Chicago, Charles A. L. Reed, of Cincinnati, Wm. Pepper, of Philadelphia, F. Peyre Porcher, of Charleston, James Stewart, of Montreal, and Alexander J. C. Skene, of Brooklyn, N. Y. In the interest of facilitating the trip to Italy and reducing the expense, arrangements will be made with the steamship Comoanies. According to a communication from the central committee, contained in a letter of the secretary general's, dated September 14th, the North German Lloyd proposes to reduce the fare to Genoa by twenty per cent., and that of the return trip by ten per cent. It is expected that still more favorable terms will be secured.

THEOLOGIANS and psychologists have assumed an almost exclusive right to the domain of mind and spirit. Whatever mind and spirit may be, science is demonstrating more and more clearly that from the time the infant lies "muting and peeking in its mother's arms" until "sans everything" it makes its exit from the world, impressions made upon terminal nerve fibrils, borne by molecular movements and reflexes through nerve connections, boundless in their reach, produce sensation, desire, knowledge, reason, conscience, will-force, memory, and that the strength of the spiritual man lies in the number of the impressions made and retained, and the correctness of their corelation; that thus we acquire the wisdom that enforces duty. While the spirit is the stimulus that developes the cells through which it acts, it is developed through their instrumentality, and these cells are dependent for their strength and integrity upon the material furnished through the whole physical organism. We cannot too strongly emphasize the importance of the body to the same, and of those who cater to the field of spiritual culture being well grounded in physiology and sanitary science.

THE fall meeting of the South Kansas Medical Society will be held in Newton, Kansas, on Tuesday, November 15, 1892, when the following program will be presented:

Pelvic Presentations and their Management.—H. L. McIlhenny, M.D., Norwich, Kas.

Cholera Infantum.—T. J. Potter, M.D., Mount Hope, Kas.

Eye Strain and Headaches.—G. A. Wall, M.D., Topeka, Kas.

Dysentery.—J. W. McCracken, M.D., Sterling, Kas.

Typhoid Fever from a Clinical Standpoint—Its Incubation, Invasion and Restoration.—A. S. Cloud, M.D., Kiowa, Kas.

Clinic and reports of cases.

A paper.—S. T. Shelly, M.D., Mulvane, Kas.

President's address.

The outlook is for an unusually good meeting, and all physicians and especially the members are invited and urged to be present.

Instrument dealers have promised to be present with a nice display of their goods.

The annual election of officers will take place at this meeting.

Physicians are urged to bring interesting cases with them to present to the clinic.

O. B. WHITTECAR,
Secretary.

DR. W. W. WILLIAMS, of Unionville, Mo., formerly of Wichita, Kansas, is now in New York City taking a course at the Policlinic, and is thinking seriously of returning to Wichita in the near future.

Care of the Eyes.

Avoid reading when lying down. Sit with the back to the light or so the light will come over the left shoulder when reading, sewing or writing. When writing, should the light come from the right side, the shadow of the hand and pen or pencil falls on the paper, constantly shading the line of work and fatigueing the eye. Veils, especially spotted ones, are injurious to the eyes; and, if veils must be worm, they should be of the softest, clearest net. The eyes should be rested five to ten minutes after each hour's reading. The study of music and German is hard on the eyes, and the eyes should be rested more frequently and longer at a time when engaged in these studies. Avoid facing the lamp-light when studying. A bad stomach sometimes makes bad eyes. Attend to the digestion. Poor ventilation frequently weakens the eyes. When the eyes feel tired, bathe them with soft water, hot or cold, whichever on trial proves more comfortable. The hot water generally proves more beneficial.

Twenty-Five Cases of Extirpation of the Uterus for Cancer.

Dr. Charles A. L. Reed, of Cincinnati, presented to the recent meeting of the American Association of Obstetricians and Gynecologists a report of twenty-five cases of complete vaginal extirpation of the womb for cancer with only two primary deaths—one from shock and one from iodoform poisoning. Of the twenty-five operated upon, but fourteen were of more than two years standing, and hence were all that could be desired with reference to their ultimate results. These fourteen were divisible into two classes of seven each, viz.: Those in which the disease had existed for more than six months before the operation and those in which it had existed for less that six months before the operation. Of the first class, *i. e.*, those of more than six months' (an average of ten months) previous duration, all were dead; of the second class, *i. e.*, those of less than six months' (an average of four months) previous duration, only one has since died. One of the recoveries is of more than five years' duration. The conclusion from these figures is that cases of cancer of the uterus ought to be remanded for operation as soon as diagnosed. Dr. Reed looks upon total extirpation as the only operation to be advised or practiced in these cases, the primary mortality from which, in experienced hands, varies from five to eight per cent.

Treatment of Fracture of the Cavicle by a New Method.

Bungner (*Deutsche Medicinische Wochenschrift*, No. 23, 1892,) believes that the Sayre dressing meets the surgical indications of fractured clavicle better than any heretofore described. He believes that the same end can be accomplished by a three-tailed elastic T bandage.

The cross piece should be twenty-four inches long and an inch and a half broad. To the center of this piece are joined three tails, each forty-four inches long and five inches broad. These are so attached that the middle tail is perpendicular to the cross piece, while the side tails are fastened somewhat obliquely.

The cross piece of the T is fastened to the sound shoulder.

The middle band is then seized and carried over the back through the axilla to the upper part of the arm of the injured side, brought back to starting point and fastened. By this means the arm is drawn backward. The lower tail is likewise carried in health, without being able to detect anything resembling the plasmodium. The investigator has recognized, by the above method, a protoplasm and a nucleus in the parasite, and has detected a karyokietic metamorphosis in the latter, introducing the process of sporulation.—*Occidental Medical Times.*

WE hope every one of our subscribers will feel at liberty to send us items of interest.

KEELEY says "drunkenness is disease," but immediately adds "it is a disease consequent upon the drink habit." Drunkenness is the drink habit; manifold disease is the consequent yielding to temptation; "treating resolution" by a developmental law lessens will-power, and is well illustrated in the "happy go lucky" Rip Van Winkle.

DISEASE is rather developed on morbid development, manifest in pathological expression, than diminished development, representing simply more or less and consequent upon diminished supply or exercise. The one condition is to be remedied by medication, the other by sanitation. As drunkenness lies in the lessened exercise of mental and moral forces, its relief lies in their increased exercise.

THE rush and push of the age is accountable for much of its drunkenness. When staggering under the cares and burdens of life, instead of seeking recuperation in rest, the anæsthesia of alcohol is sought, and physical disease and a bad habit are the consequences.

WHEN there is faulty development of the cells through which the will acts, either through heredity or want of proper exercise, society must correct the evil and strengthen the weak by protection rather than by punishment.

THE primary action of alcohol is upon the nervous system, producing anæsthesia of the nerves of sensation. Spiritual activity may be increased when the mind is undisturbed by external sensations, but when the alcoholic impress goes beyond this point, it is disturbed and unreliable, and carried a degree farther, their manifestation ceases.

ALCOHOL, through its chemical affinities, interferes with nutrition, produces deranged functional action and pathological changes in every part of the body, ending in sclerosis, tuberculosis, morbus brightii, etc., etc.

DR. SAJOUS, editor of the Annual of the Universal Medical Sciences, is in Europe and will remain till October, 1895.

AT the joint meeting of the East Kansas and Golden Belt Medical Societies, at Junction City, October 6th, Dr. M. O'Brien, our worthy secretary of the State Board of Health, gave a short explanation of the position of medical legislation in Kansas. He said the law which is now on our statute books might be made efficient by a slight addition thereto. Incomplete as it is, however, it has sufficed to drive out of the state several unqualified practitioners.

We most heartily commend the doctor for the work he has done, and the ability and finesse he has displayed in his application of a law so generally considered inoperative. With a slight addition to the law as it stands, though it might still be imperfect, it could be rendered serviceable. We sincerely trust that sufficient influence may be brought to bear upon our next legislature to secure the passage of a new law, or at least the remodeling of the old one. As we have heretofore said, every physician in the state may do something to this end by a personal appeal to his representative, and, if possible, securing from him a pledge to support such a bill.

AT the recent meeting of the American Orthopædic Association, held in the city of New York, September 20, 21 and 22, 1892, the following officers were elected to serve for the ensuing year:

President.—Dr. A. J. Steele, St. Louis.

Vice-presidents.—Dr. Samuel Ketch, New York, and Dr. Arthur J. Gillett, St. Paul.

Treasurer.—Dr. A. B. Judson, New York.

Secretary.—Dr. John Ridlon, 34 Washington street, Chicago.

The next annual meeting will be held in St. Louis the third week in September, 1893.

NOTICE the change of date and place of meeting of the Topeka Academy of Medicine and Surgery. Dr. J. E. Minney will read a paper and Dr. M. B. Ward will report some interesting cases at the next meeting.

Report of a Case.

BY M. B. WARD, A.M., M.D., TOPEKA, KANSAS.

Mr. President: I report the following case at this time because I consider it of unusual interest to the profession of Kansas, on account of the following facts:

Mrs. H. H. T., age fifty-two; residence, Clay Center; mother of three children, all of whom are grown. Came to me for an examination July 13th of this year. Mrs. T. gave a history of nineteen years of constant suffering and much of the time confined to her bed, and many, many times all hope of even temporary recovery was despaired of.

The special point of interest to the profession of Kansas is, first, that this lady consulted, as far back as 1875 and from that time to 1887, some of the most prominent men of the profession in America, all of whom gave her no hope of recovery if the operation should be attempted; and second, because of the peculiar character of the tumor and its location.

It would be indeed interesting to review in detail some of the suggestions as to treatment made by these eminent men, as I am in possession of several letters written by them, but it will suffice, perhaps, to say that leeches and blisters, including all the strong medicines imaginable, were presented, and the administrations of ergot, etc., etc., consisted of the treatment.

The character of the tumor, as you will see, consisted of as nearly calcareous matter as it is possible to be formed by human tissues.

When Mrs. T. consulted me, I was first impressed that there was a solid stone in her abdomen, as the tumor seemed as hard as flint, but I was impressed at once that it could be successfully removed, and so informed the patient and her husband. However, I stated to them that the mortality in such cases would probably be, in the hands of the most skilled, at least twenty-five per cent., or one death in four operations. After carefully considering the matter for a number of days, they informed me that they were ready to have the operation performed. This conclusion was reached because of the fact that Mrs. T. had so rapidly failed for the last two or three months that she felt that there was no possible hope for her to even have the least degree of health without an operation, and her most intimate friends assured her that she could not live but a few months at the longest.

On Wednesday, the 27th of July, at the time of the most heated period of the season, I did the operation, assisted by Drs. J. C. McClintock, S. E. Sheldon, D. F. Rodgers, J. W. Donaldson and J. M. Frankenburger, of Topeka; Dr. L. J. Warren, of Clay Center; and Dr. L. J. Lyman, of Manhattan.

The patient was most carefully prepared for the ordeal by the administration of condensed food, sulphate of strychnia, as a tonic, etc.

The preliminary preparations for the operation were of the usual character, except that I used as an irrigating fluid in the abdomen a solution of chloride of sodium after the formula used by the Johns Hopkins hospital.

The operation was found to be not so difficult as I anticipated. The adhesions were universal; the parietal and intestinal peritoneum were universally adherent, as you can see by the adhesions remaining on the tumor. Anterior to the solid growth there was a cyst which probably held five pounds of fluid. This was tapped as soon as the incision was made. After finding that the adhesions could be broken up, and nearly all of them without great force, I inserted a large cork-screw, and carefully raised the tumor from its bed. This was held by an assistant, and Dr. McClintock and myself ligated the larger pedicles and severed them until we reached the main one, which was found to be the right cornu of the uterus and the right broad ligament. This pedicle I transfixed and ligated very carefully before severing the tumor, but after the tumor was taken out we found it necessary to religate this pedicle because of hemorrhage. There was a good deal of oozing from many of the severed adhesions, and I used the salt water very freely and quite warm, and irrigated

the peritoneal cavity. This was done thoroughly three times in the course of the operation. The abdominal wall was closed in the usual form without drainage. The operation lasted thirty-nine minutes. This included, of course, the dressing of the patient ready for the bed.

The patient was kept alive for the first twenty-four hours by the use of rectal enematas of beef teas, whisky and milk, and the saline solution in the tissues, by means of an aspirator, and also the use of strychnia, sulphate, atropia and other heart tonics.

In twenty-four hours the patient was apparently convalescing, and went on to a complete recovery without any untoward symptoms.

She did not even suffer pain, and felt, she said, like a cork.

Mrs. T. went to her home just five weeks from the day I operated, and has gained in flesh so that her most intimate friends hardly know her when they see her.

Obstetrics and Gynecology.

BY E. S. M'KEE, M.D., CINCINNATI, OHIO.

The American Gynecological Society held its seventeenth annual meeting at Brooklyn, September 20-22, 1892.

A number of interesting papers were read, among them the first paper on "Periodical Inter-Menstrual Pain," by Dr. C. D. Palmer, of Cincinnati. He had had under his care several distinctly pronounced cases of this kind. At a certain time following menstruation, generally about the middle of the inter-menstrual period, attacks of pelvic pain, located in either ovarian region, continued from two to nine days, uninfluenced by bodily movement, occurred sometimes on one sometimes on the opposite side. These pains varied in severity and duration, were usually intermittent, came on at night as well as during the day, and are unattended by febrile phenomena. The conclusions reached by the author were: (1) Periodical inter-menstrual pain is a comparatively rare disease; (2) the disease is ovarian, not uterine; (3) it is an oophoritis or peri-oophoritis, or both; (4) the chief underlying exciting cause of these attacks of pain is the morbid obstruction to the extrusion of the contents of the graafian follicles; (5) many other morbid conditions — uterine, peri-uterine or ovarian — may be associated with the oophoritis, but their presence is not the cause of the essential symptoms; (6) cure is effected only by overcoming the disease of the ovary or by its extirpation.

"The Elective Cæsarean Section — The Most Favorable Time for Operating."

Dr. Henry C. Coe, of New York, gave the histories of two successful cases operated upon by himself by elective cæsarean section. He advocated operation before the commencement of labor and thus summarized the advantages secured. To the surgeon: (1) after obtaining all needed counsel, he set his own time for operation during the day, and was not summoned at night to operate hurriedly by imperfect light and without his regular corps of assistants; (2) he secured the same conditions as in ordinary cœliotomy — thorough preparation of patient, rooms, instruments, etc.; (3) since the patient was in the possible condition, he was not hurried, slurring numerous important details so essential to success. To the patient: (1) she was spared the suspense incident upon long waiting; (2) having been thoroughly prepared for the operation the element of shock was reduced to a minimum, and subsequent convalescence more rapid and uncomplicated; (3) asepsis was perfect. Sepsis could never be excluded under ordinary conditions, especially where labor was induced in the usual manner. The two essentials to success — early operation and perfect technique — are intimately related. The time to be chosen is near the end of pregnancy before labor has begun. Hemorrhage need not be feared; danger of shock is lessened and sepsis eliminated.

"What is the Best Management of Occipito-Posterior Positions of the Vertex?"

Dr. Chauncey D. Palmer, of Cincinnati, thought only four positions of the vertex need be recognized. Intelligent treatment

of these cases implied of course a consideration of the mechanism of labor. A truer posterior position is one in which the occiput is not only toward the sacro-iliac synchondrosis, but in which it impinged against the posterior inclined pelvic plane, just as an anterior position was one in which the anterior inclined pelvic plane received the occiput in its downward movement. Many causes contributed toward directing the occiput on the anterior rather than the posterior planes. The author said palpation of the abdomen and auscultation were as important early in diagnosis as was vaginal touch. If seen early enough, rotate the child into anterior position. If not successful, perform podalic version. In the last stage, with mother exhausted and child dead, craniotomy offers best chances for the mother.

"Double Ovarian Cyst with Presentation of Specimen," by Dr. E. G. Zinke, before the Obstetrical Society, Cincinnati, Ohio, June 16, 1892.

This is a case of great interest from a pathological as well as a practical view. This is a case in which the physical examination certainly did not point to the pathological lesion which was found to exist after the abdomen had been opened, and I report the case principally for that reason, *i. e.*, to demonstrate that the pelvic cavity is subject to difficulties which cannot always be discovered, and, while I do not wish to justify in any way or defend the hap-hazard interference with the abdominal cavity of the female, yet this case demonstrates plainly that in many instances we cannot get at the real difficulty until an exploratory incision is made.

This patient, age thirty-five years, has been married for ten years, and it is said she at one time led the life of a prostitute, but subsequently reformed.

Dr. Schwab, who had the case for several months, asked me to see the patient with him, and gave me the following history:

The sole and only symptom in the case was frequent micturition by day as well as by night. Examination showed the urine was perfectly normal, but all the remedies employed to relieve her failed. Dr. Schwab had examined her, but was not able to discover anything the matter with the organs except, perhaps, a displaced uterus. On my first examination I found the uterus retroverted, a few nodules, and the ovaries themselves seemed not distinctly defined; the organs more or less fixed in the cavity and the abdomen as flat as a pan-cake. No tumor whatsoever could be felt. There was, however, a history of previously-existing peritonitis, following, I think, an attack of gonorrhœa, so that I was led to believe that this bladder trouble was the result of some chronic salpingitis, if not ovaritis. She was treated for that, but no impression was made, and it is not worth while to name the numerous remedies given, for they have all failed.

I finally became convinced this woman was the victim of some nodules, or, if not, some pelvic lesions. At any rate I determined to open the abdomen and determine the real difficulty. I put her in the Tredelenberg position. The peritoneal cavity was easily entered, and as I thrust my hand down in the cavity I came in contact with a flabby cyst, which I was led at first to believe was the bladder. I asked the nurse if the bladder had been emplied, and she said "yes". I then came upon another and then another cyst. They did not go above the pelvic brim, and were loose. They had, perhaps, been distended, but now were simply like numerous flabby sacs. The tumor I removed from the right side was about the size of an orange, universally adherent, and containing a number of other cysts; in other words, a multilocular cyst of the ovary. (Exhibiting the specimen.) This is the specimen which is much shrunken from being in alcohol. This one had a very large pedicle, and after I removed it I found a growth of even larger size and of the same character on the right side, also universally adherent, and the cyst containing some clear fluid, while in other cysts the fluid was dark.

Since the operation the bladder symptoms have subsided, and she is now virtually well. The operation was performed on the third of this month (June).

Now, these tumors were not felt prior to the operation, and I expected anything but ovarian cyst. After the removal of the tumors, I went down into the pelvic cavity and lifted up the uterus, which was adherent, but did not stitch it to the abdomen. The drainage tube was inserted and left in for forty-eight hours, and there was considerable oozing. The tube had to be emptied every thirty minutes the first day, and after the second day every two hours. After the oozing had become quite light, I removed the tube.

"A Case of Albuminuria During Pregnancy," by Dr. C. D. Palmer, before the Obstetrical Society, Cincinnati, Ohio, June 16, 1892.

Several weeks ago as I was passing through my ward, I noticed a woman who looked as if she was having considerable swelling in the face. On examination I found she had a great deal of swelling. I asked if her urine had been examined, and her interne told me it had, and contained a great deal of albumen. Upon examination I found it to contain two or three per cent. of albumen. I found from day to day that the quantity of albumen and the swelling in the face were gradually increasing, and that she was showing beginning signs of puerperal convulsions. I noticed that the fœtal heart was distinct at first, but became more and more indistinct. I put her on salines, including Bethesda water, and found it was necessary to induce labor by means of the elastic gum bougie. This was put in about 3 o'clock, and that evening my interne called me up and told me she was worse.

Next morning he told me that she was delivered about half-past eleven o'clock of a living child. The quantity of urine increased up to about thirty ounces from about thirteen ounces per diem. It became less albuminous. On the fourth day, however, following her delivery, the interne called me up and said she was disposed to sit up in bed because of difficulty in breathing. I directed a dose of the bromide of potash because I thought it was purely nervous. Next day, when I went there, I found a pulmonary disease of the lungs; in other words, this woman was having commencing pneumonia or uræmic pneumonia. The quantity of urine was nearly normal, although albuminous. I put her under the influence of carbonate of ammonia and small doses of morphia. The next morning I found her pulse about 140 to 160, irregular and decrepid. I immediately called for some nitro-glycerine, and gave her two drops hypodermically. In sixteen minutes the pulse became stronger and more regular. I directed the interne to repeat this from time to time, so that she obtained it for several days, and then by the mouth for several days. The urine became less albuminous, breathing less laborious, and crepitation less, until it was only noticed at the sides. There was no trouble whatsoever in reference to the pelvic organs or secretions, and she was able to nurse her child again at this time.

The quantity of urine still remained large, but decreased to forty or sixty ounces per day.

Now, it is a well-known fact that nitro-glycerine has no direct action on the heart, but a most potent influence upon it indirectly. It will increase the secretion by turning the blood from the kidneys to the outside of the body. The quantity of urine in this woman became more healthful as the nitro-glycerine was continued.

This is the third case in which I have employed nitro-glycerine, and I am very much pleased with its action on cases of lung affections, arising from disease of the kidneys.

Years ago I always acted on the principle in treating puerperal convulsions, that if the uterus was acting, do nothing, but if not acting, do all you can to help it. My patient was eight months at the start, and about eight and a half months when I induced labor. I was fearful for the mother, but almost certain that the child would be born dead. I thought, however, that her condition was comparatively little in danger, for, perhaps, only about twenty per cent. of patients die from puerperal convulsions, and these usually from uræmic poisoning.

As to the efficacy of veratrum viride, I am thoroughly satisfied. In large doses it is

self-protective. Morphia always protects and aids in its effects. These, in connection with chloral by the rectum, are the principal remedies I employ.

Dr. Gustav Zinke reported in the Obstetrical Society of Cincinnati a case of Dystocia from dislocation of the cervix during labor.

The doctor reported the case not to teach the society anything, but to ask if any members of the society had met with a similar case. The patient had suffered intensely from dysmenorrhœa, but was healthy otherwise. The patient suffered from insomnia for a week before the delivery, and was given chloral, bromide of potassium and codeine without much benefit. She suffered from pain in the back without intermittence. Two days before labor set in in earnest the pains became intermittent in character. External examination led to the belief that the position was the third position of the vertex. As the pains increased the patient became more and more restless, and labor still did not come on. Later the pains became more regular, the patient bearing down as much as she could. On digital examination the os was found so high up that it was impossible to get the finger into it. It was pointing directly against the sacrum, and the lower segment of the uterus very much thinned presenting. The doctor tried to introduce two fingers; get one into os and drag it down. Although very careful to avoid rupturing the membranes, the liquor amnii escaped about this time, but he could not believe it was his fault. This complicated matters, and was to be regretted. Chloroform anæsthesia was induced and the smallest-sized Barnes dilator introduced. This remained in situ till 6 o'clock. There was no obstruction to the child's head, except the undilated os. Dr. Eichberg was called in consultation. He gave chloroform and delivery was effected with the aid of the forceps. The patient has a severe pain which has been present ever since confinement. There is no odor or other bad symptoms. The highest temperature reached was 103°. He believed the cause of the dislocation of the os was the contra-action of the sacro-uterine ligaments. He had two cases before which were somewhat similar to this and very slow in delivery. The patient was placed in the knee-chest posture and kept there as long as she could stand it, but this failed to correct the dislocation.

Prize Essays.

The American Medical Temperance Association, through the kindness of J. H. Kellogg, M.D., of Battle Creek, Mich., offers the following prizes:

1st. One hundred dollars for the best essay "On the Physical Action of Alcohol, based on Original Research and Experience."

2d. One hundred dollars for the best essay "On the Non-Alcoholic Treatment of Disease."

These essays must be sent to the Secretary of the Committee, Dr. Crothers, Hartford, Conn., on or before May 1, 1893. They should be in type-writing, with the author's name in a sealed envelope, with motto to distinguish it. The report of the committee will be announced at the annual meeting at Milwaukee, Wis., in June, 1893, and the successful essays read.

These essays will be the property of the association, and will be published at the discretion of the committee.

All essays are to be scientific, and without restrictions as to length, and limited to physicians of this country.

Address all inquiries to

T. D. CROTHERS, M.D.,
Secretary of Committee,
Hartford, Conn.

LITTLE THINGS.

DR. A. B. ROYAL, of Americus, has gone to California for the winter.

WHEN a patient is doing reasonably well under treatment, do not try to improve upon it, but let well enough alone.

BEFORE casting your vote for a member of the next legislature, remember that you

have a personal interest at stake, and speak a work for the success of the medical practice act.

INFLAMMATION it is now claimed is a reparative process, and not a pathological one, we were taught ten to fifteen years ago.

PTYALISM and the ptyalism of pregnancy are relieved by belladonna. From five to ten drops of the tincture every four to six hours.

A REPRESENTATIVE of A. S. Aloe & Co., of St. Louis, called on us a few days ago with the usual supply of new and improved surgical goods.

THE Northeast Kansas Medical Society will meet in Netawaka in December. An interesting program has been prepared which will be published in the next journal.

NOTHING is better for the relief of night sweats in phthisis, where the secretions from the bronchial tubes are profuse, than 1-60 grain of atropia, given hypodermically, at bed-hour.

THE Physicians' Supply Co., of Kansas City, have added a manufacturing and repair department to their establishment, and physicians will always find prompt attention and courteous treatment.

Monthly Summary of Meteorological Observations.

Observing Station, Washburn College, Topeka, Kas.
Altitude, 1,000 ft. Longitude, 95.41. Latitude, 39.3

AUGUST.

Barometer, feet above sea	998
Mean barometer	29.99
Mean temperature	73.5
Mean temperature from maximum and minimum	76
Mean of maximum temperatures	86.6
Mean of minimum temperatures	65.4
Maximum temperature of month (5th)	98
Minimum temperature of month (30th)	51
Highest temperature (5th, 7th and 8th)	86
Lowest temperature (30th)	63
Total precipitation, in inches	4.14
Greatest precipitation in 24 consecutive hours, in inches, (29th)	1.79
Number of clear days	13
Number of fair days	14
Number of cloudy days, including rainy	4
Number of days on which .01 inch or more rain fell	8
Prevailing direction of wind at 7 A.M., south eight times; maximum velocity, in miles	12
Prevailing direction of wind at 7 P.M., east nine times; maximum velocity, in miles	18
Thunder storms, dates	8, 9, 10, 13, 20, 22, 23, 29

Dewpoint, mean, 7 A.M., 62.5; 7 P.M., 64.6. Average, 63.6.
Relative Humidity, mean, 7 A.M., 82.9; 7 P.M., 64.5. Average, 73.7.

SEPTEMBER.

Barometer, feet above sea	998
Mean barometer	30.047
Mean temperature	66.8
Mean temperature from maximum and minimum	70.5
Mean of maximum temperatures	81.8
Mean of minimum temperatures	59.2
Maximum temperature of month (22d)	92
Minimum temperature of month (14th)	44
Highest temperature (24th)	81
Lowest temperature (11th and 13th)	60
Total precipitation, in inches	.90
Greatest precipitation in 24 consecutive hours in inches (10th)	.33
Number of clear days	20
Number of fair days	9
Number of cloudy days, including rainy	1
Number of days on which .01 inch or more rain fell	4
Prevailing direction of wind at 7 A.M., south and southeast, eight each; maximum velocity	13
Prevailing direction of wind at 7 P.M., southeast thirteen times; maximum velocity	15
Total movement of the wind, anemometer record, in miles	5,791
Thunder storms, dates	9, 10

Dewpoint, mean, 7 A.M., 54.7; 7 P.M., 57.7. Average, 56.2.
Relative humidity, mean, 7 A.M., 81.3; 7 P.M., 60.6. Average, 71.

T. B. JENNINGS, Observer, Signal Station.

Report of Topeka Board of Health.

(Population 32,000.)

REPORT FOR MONTH OF SEPTEMBER, 1892.

Diphtheria	3
Scarlet fever	1

DEATHS.

Cholera infantum	1
Inanition	1
Intussception of bowels	1
Heart disease	1
Pneumonia	1
Pertussis	1
Scarlatina	1
Paralysis	1
Typhoid fever	1
Consumption	3
Effusion of brain	1
Hydrocephalus	1
Malarial fever	1
Convulsions	1
Children under 5 years of age	10
Total	26

Average, 1 to 1,230 of population.

L. M. CARTER, *Sanitary Sergeant.*

FEBRICIDE.—During the prevalence of influenza last winter, all my cases of pneumonia were treated by the use of hot poultices and the administration of the Febricide Pills. These pills contain quinine, acetanilide and cocaine. There is nothing secret about them, and the object of this note is not to claim superiority for any special maker of pills, but simply to advert to the merits of the formula. The pills made by the Health Restorative Company were employed for convenience, and proved entirely satisfactory. The combination is one of very great value, combining, as it does, an efficient antithermic with a cardiac tonic and a third drug, quinine, which shares in the action of both the others, and has a special effect in combating the tendency to suppuration. Perhaps in no disease do we meet with the indications for this combination so perfectly as in pneumonia. And in the pneumonia prevalent last winter we had an opportunity of putting our methods of treatment to the most severe test offered during the present generation.

My records show that during the grippe period I attended twenty-three cases of lobar pneumonia, all of which recovered. Ten of these were hospital cases; the remainder occurred in my private practice.

Out of this group I have selected the worst case as the one which was in the greatest danger of death. She was a stout German woman, illiterate, living in unsanitary quarters, with an inefficient nurse. Everything was against her; yet she recovered. She was about twenty-four years of age, of good constitution and habits, except that she used beer moderately but regularly. I have learned to look upon this as of bad omen in pneumonia. She had been much disturbed by her baby — about a year old — who had been sick for some time with the influenza. March 1st she was seized with a chill, and presented the characteristic symptoms of pneumonia. The disease rapidly extended to both lungs, until the dyspnœa was extreme. During the first three days my orders were not carried out by the drunken nurse, who was dismissed on March 3d. By this time the patient was in a pretty bad state, the respiration being carried on by the upper lobes alone; the lips blue; breathing very rapid; temperature running up to 104.5° and pulse 136. Vomiting had been troublesome before her illness, as she was about five months pregnant. It was with difficulty we could get any food to remain in her stomach for a few minutes at a time. During the night of March 5th she aborted, losing but little blood — the fœtus coming away easily. By this time the nursing department had been reconstructed, and the food, medicine and poultices were attended to very nicely. Crisis occurred March 7th, and the case went on to recovery without any untoward incident. The patient was discharged from treatment on March 22d, convalescence being somewhat prolonged by the effects of the abortion and by the bad hygienic surroundings. Alcoholic stimulants were used throughout in the same quantities the patient had been accustomed to before her illness. Febricide was the only drug given, except a few doses of wine of ergot, a teaspoonful each, just after the abortion. "The case was watched throughout with the utmost solicitude, and the unexpected recovery was looked upon by all who saw it as a notable instance of the value of the combination employed."

WILLIAM F. WAUGH, M.D.

FOR PAIN:

℞

Antikamnia .....℥ ii
Alcohol.....℥ ss
Tinct. cardam. cp.....
Syrup zinzib.....aa...℥ iii

M. One drachm every three, four or five hours.

FOR PAIN IN BABIES AND CHILDREN:

℞

Antikamnia .....℥ iss to ℥ ii
Elix. simplic....ad....℥ vi

M. Two drachms every four to six hours.

HYSTERIA:

℞

Antikamnia.....℥ ss
Alcohol.....℥ i
Elix. ammon. valeriæ..ad..℥ vi

M. One drachm tid.

H. ENGEL.

REPLY TO "ENLARGED PROSTATE A MYTH."—I notice in the April number (*Medical World*) page 131, an article by J. C. Cambell, M.D., speaking rather disparagingly of the attention given to the subject of enlarged prostate and exorting physicians to pay more attention to "contractions and soreness of the urethra." I do not think there can be too much attention given to that most distressing and often fatal disease of the prostate gland and appendages; two fatal cases having come under my observation within a year, reminding me most forcibly of what may eventually be the means of my "taking off." It is true that whereas I was once young, but now am old (nearly eighty), yet never have I suffered my urethra to be impaired by the means he would have us believe. I am convinced that this affliction, diseased prostate, is much more prevalent than he would intimate if I may judge from the inquiries from physicians that my article on the subject (January, 1891,) called forth, no less than fifteen having written of their own cases. If the people throughout the country are afflicted in the same proportion there must be a great many suffering with it.

The "urethral contractions and soreness" he advises us to examine are very simple ailments and easily treated compared with a real enlarged prostate, a fact that I think he would duly appreciate if he happened to be a subject of that "enlarged prostate rut" he speaks of.

Now, Mr. Editor, it may appear egotistic in me to further encroach on your space or patience, in reference to my own case, but as I have already given your readers something of my experience up to January, 1891, I venture to obtrude still further though the subject may be hackneyed. In that article (January, 1891,) I brought saw palmetto into notice, as having helped me more than anything else I had ever tried, and felt very hopeful of its lasting effect, and can now say that its action on the gland has been effective in preventing further enlargement, but it failed to relieve, except temporarily, irritation of the neck of the bladder and prostatic portion of the urethra, so I had to use the catheter occasionally.

Some four months ago my attention was called to a new remedy called sanmetto, composed of saw palmetto and santal. As a drowning man will grasp at straws, so I grasped at a bottle of the remedy, and have been using it for about three months with great relief, for I have no use for the catheter now, and the deposit of mucus, instead of being an inch or more thick in a quinine bottle of urine, as formerly, is now nearly nil, and no pain or irritation in urinating. I think the combination of saw palmetto and santal is a happy idea—the former acting on the gland and the latter on the mucous membrane of the bladder and urethra.

It may lose its effect as other things have, but it commends itself to my judgment as covering the pathological conditions better than any other remedy I have tried.

For the benefit of those who have written me on the subject I can say it is pleasant to take the dose, a teaspoonful about three times a day.—H. Knapp, M.D., Lathrop, Cal., in July *Medical World.*

MISS C., a teacher, aged nineteen, had suffered from leucorrhœa continuously since she was fifteen years old, and at each return of the menses, as she expressed it, the wished to die during the first twelve hours, and for a day or so experienced such severe pains that she could not attend to her duties at school. I prescribed for her two tablets of Ponca Compound every six hours for ten days previous to the time of her menses, and to my surprise she had no pain whatever, as it passed off easily and has continued to do so since last December. Furthermore, the leucorrhœa has entirely disappeared. This is but one out of many similar cases that I could mention, and am inclined to believe that Ponca Compound is a specific for painful menstruation.

FLOYD CLENDENEN, M.D.,
LaSalle, Ill.

SOME REMARKS ON THE VALUE OF VEGETABLE ALTERATIVES IN CHRONIC, VENERAL, TUBERCULAR AND MALARIAL DISEASES.—Speaking of the elements of those medicines which serve a useful purpose in exhaustive and debilitating diseases, Dr. Manley says that there are limitations to the province of physiological chemistry or bio-chemistry, in being able to satisfactorily explain the *modus operandi* of very many of our most valuable medicinal agents. This is particularly true of the vegetable tonics when administered in wasting diseases. We may prescribe iron, arsenical, quinine or other salts in malarial, tubercular or syphilitic anæmia occasionally in vain when, if we place our patient on fresh infusions, decoctions or tinctures, immediate benefit will follow. The profession is not by any means in accord with those who would have us believe that the time has arrived when medicines can be prescribed according to any set of rules, whatever scientific basis their construction may rest on.

Warburg's tincture, one of the most valuable anti-malarial remedies known, unfortunately is a secret quack remedy, though owned by the British government. Huxam's tincture, so long a secret compound of the Birmingham chemist, is now common property of the profession.

Cod-liver oil and its many preparations have held their own well in pulmonary tuberculosis; but there are many phases of surgical tuberculosis and those conditions of mal-nutrition resulting from syphilis, in which the oil is not well borne. Here the vegetable tonics, particularly those rich in the alkaline salts, are invaluable. The tincture of hops, decoction of sarsaparilla, gentian, columbo or chamomile, either may be taken alone or in combination. A valuable combination of herb extracts was elaborated in the southern states by members of the medical profession as a substitute for mercury and the potassium iodide during the late war of the rebellion, when all pharmaceutic supplies were shut out by the blockade and the advancing lines of the enemy. It is known to pharmacists and practitioners as verrhus clemiana, and is composed of clematis-erecta, prinus-verticillatus, fraxinus Americana, rhus glabrum and one-eighth of one per cent. of venanatic acid; all indigenous in the southern states. I have extensively employed this compound in many cases of chronic, tubercular, glandular and bone diseases, besides other wasting maladies, with excellent results. Indeed, in these times pharmacy yields a large number of vegetable elixirs, so palatable and easy of assimilation that one should always give them a protracted trial in the vast majority of tubercular or syphilitic, bone or joint disease, before any sort of sanguinous operation should be thought of.—*Doctor's Weekly.*

PYE'S SURGICAL HANDICRAFT, A MANUAL OF SURGICAL MANIPULATIONS, MINOR SURGERY AND OTHER MATTERS CONNECTED WITH THE WORK OF HOUSE SURGEONS AND SURGICAL DRESSERS. First American edition, one volume, pages 594, octavo, 1892. E. B. Treat, 5 Cooper Union, New York.

This book, although written for house surgeons and surgical dressers, should be in the library of all physicians, as it is as important for the general practitioner to do his dressings properly as it is to the hospital surgeon. The work is of special value, owing to the great number of little things mentioned, and which are so frequently passed by in the usual treatise on surgery.

No better idea of the scope of the work can be given than by appending a condensed list of the sections.

Section I. On the arrest of hemorrhage. Section II. Of apparatus for restraint and support—splints, bandages, etc. Section III. Of fractures. Section IV. Of wounds, ulcers, burns, etc. Section V. Of the mechanical treatment of the knee, hip, spine, foot, etc. Section VI. Of surgical and general emergencies. Section VII. Of anæsthetics. Section VIII. Extraction of teeth and the management of aural cases. Section IX. Of minor surgery. Section X. Of the preparation of patients for operation, etc., with an appendix of formulæ.

To the American the value of future editions would be enhanced by revision of an American editor.

USES OF THE COAL-TAR DERIVATIVES.—In a communication read before the Mitchell District Medical Society, July 14, 1892, and reported in the *Indiana Medical Journal* for August, Dr. C. W. Murphy, of Salem, Indiana, presents the results of varied trials of products of the aromatic series. He found that phenacetin was especially useful in hemicrania, and could be depended upon for the certain relief of hyperæmic headache. He also used phenacetin in a number of cases of whooping-cough, in which, as he states, it serves a useful purpose in diminishing the severity and frequently of the paroxysms of coughing. He refers also to its usefulness in the treatment of la grippe, in which condition it reduces the fever and relieves the severe muscular and neuralgic pains. Dr. Murphy finds that while antipyretic remedies have no specific effect upon the causes of fever they serve a very useful purpose in the treatment of all pyrexias, a fact which, as he states, will not be denied by those who have given them an extended trial. In his belief they lower temperature by increasing the radiation of heat from the body and diminishing heat production.

A MODERN METHOD OF MEDICATION.—Among the many methods of administering medicaments, the soluble elastic gelatin capsule is growing to be one of the most popular.

There are many efficient but unpalatable medicaments which may be readily exhibited in this way without offending the palate of the most sensitive patients, and capsules are much easier to swallow and more soluble than pills.

Few physicians are aware of the many medicaments that are now administered in this way. Among these one need only mention the following to indicate the wide application of this method of giving numerous drugs:

Apiol, balsam fir, balsam Peru, cascara sagrada, castor oil, castor oil and podophyllin chaulmoogra oil, cod-liver oil, cod-liver oil and creosote, cod-liver oil and iodine, cod-liver oil and iodoform, cod-liver oil and iron, cod-liver oil and phosphorus, copaiba, copaiba and cubeb; copaiba, cubeb and buchu; copaiba, cubeb and iron; copaiba, cubeb and matico; copaiba, cubeb, matico and sandal; copaiba, cubeb and sandal; copaiba, cubeb and sarsaparilla; copaiba and iron; copaiba, cubeb and turpentine; copaiba and sandal; creosote (beechwood) 1 minim; eucalyptus oil, gurjun balsam, linseed oil, liquor sedans, male fern and kamala, nitroglycerin 1-100 grain, oil of pennyroyal, pichi extract, salol, purified tar, valerian oil, Warburg's tincture, wintergreen oil, wormseed oil, quinine muriate and sulphate.

Of extra-sized elastic-filled gelatin capsules there are castor oil, 2½ to 15 grammes; cod-liver oil, 2½ to 15 grammes; male fern and castor oil; santonin and castor oil.

Messrs. Parke, Davis & Co. were among the first to make this method popular, and will be pleased to afford physicians interested all desired information concerning this agreeable method of medication.

THE SICK REQUIRE FOOD—REAL FOOD AND DIGESTIBLE FOOD.—There are no active principles of food which may be extracted like alkaloids from drugs.

By the peptonizing process foods which are found adequate for the nourishment of the healthy and vigorous may, in their entirety, be adjusted to the functions of digestion, enfeebled by chronic ailments or wholly interrupted by acute diseases, fevers, etc.

The modern application of the digestive ferments to the pre-digestion of foods is indeed as direct, natural and scientific a development of the resources lying at our hands as is the art of cooking itself by which we seek to perfect the adaptation of food stuffs to the needs of mankind.

By means of the Fairchild peptonizing process ideal foods for the sick may be prepared more nutritious, less expensive and in every way superior to manufactured foods.

Fairchild's practical recipes for peptonized milk, gruel, jellies, punches, etc., sent gratis upon request to Fairchild Brothers & Foster, 82 and 84 Fulton street, New York City.

CHEAP RATES FOR A WINTER TRIP VIA SANTA FE ROUTE.—To Texas, New Mexico, Arizona, California, Utah and Old Mexico are offered by the Santa Fe.

Tickets now on sale; good until June 1st, with sufficient transit limit in each direction to enable passengers to stop off at all points enroute.

The list of destinations include Corpus Christi, El Paso, Galveston, Houston, Lampasas, Rockport, San Antonio, City of Mexico, Monterey, Phœnix, Prescott, Saltillo, San Luis Potosi, Las Vegas Hot Springs, Grand Canon of the Colorado, Los Angeles, San Diego, San Francisco, Salt Lake and Portland.

New Mexico is noted as having one of the most equable climates in the world, sudden changes being almost wholly unknown. It is a most desirable place either for the business man, pleasure seeker or the invalid, while it is the haven for the immigrant. No portion of the United States can compare with the fertile valleys of its rivers, and in the productions of the field, the market garden, the orchard and the vinyard.

For full particulars regarding the country, rates, stopovers, etc., etc., call on or address nearest Santa Fe agent or Geo. T. Nicholson, G. P. &. T. A., Topeka, Kansas, or W. J. Black, A. G. P. & T. A., Topeka, Kas.

CHOLERA IN SIGHT—LYSOL AS A REMEDY.—The chief sanitary board of Austria publishes a statement regarding the value of a series of new disinfectants, which, in view of the cholera danger, are of much interest. The special attention of the public is drawn to the so-called lysol. A solution of one per cent. of lysol is stated to be sufficient to annihilate the common bacillus at the shortest notice.

It is not at all of a corrosive nature; on the contrary, if mixed with a proper quantity of water it renders the skin smooth, qualities which render it especially useful for washing the hands, linen and floors, and for similar purposes. Besides possessing cleansing power in an eminent degree, it is much less poisonous than carbol. The sanitary board here has, therefore, ordered lysol to be classed among the officially-recommended remedies.

DURING the past year we had under care a young lady, the daughter of the mayor of a neighboring city, whose life was being greatly marred by a painful affliction of the eye, which had baffled the skill of several of the leading oculists of this country and Europe. It was finally decided to be due to a peculiar uterine condition. Only a few such cases have been known. She was altogether cured of the trouble, which had existed for over four years, by tablets of ponca compound.—Ed. *Mass. Med. Jour.*, Boston.

ROSSVILLE, STATEN ISLAND,
May 17, 1892.

I reiterate my assertions made nearly a year ago, and am daily prescribing Antikamnia with happiest effects.

In my practice it accompanies the maid from her virgin couch to her lying-in chamber, assuaging the perplexities of maidenhood and easing the trials of maternity with most gratifying results.

I earnestly hope that the proprietors of this valuable remedial agent will keep it up to its present standard of purity and excellence.

Truly,
CALEB LYON, M.D.

FOR acute nasal catarrh with profuse watery discharges, the following will often give relief: Three drops of the fluid extract of belladonna and one drop every hour until the physiological effects of the drug are produced.

IN a large percentage of cases of chronic trachoma the palpebral fissure is so narrowed from shrinkage of the lids, caused by cicatrization, that a canthoplasty is the first treatment required.

GLYCOZONE.

PREVENTS FERMENTATION OF FOOD IN THE STOMACH.

MOST POWERFUL REMEDY FOR HEALING PURPOSES. CURES:

DYSPEPSIA, GASTRITIS, ULCER OF THE STOMACH, HEART-BURN.

Send for free book of 80 pages giving articles by contributors to medical literature.

PHYSICIANS WILLING TO PAY EXPRESS CHARGES WILL RECEIVE FREE SAMPLE ON APPLICATION.

Glycozone is sold only in 4 ounce, 8 ounce, and 16 ounce bottles. Never sold in bulk.

PREPARED ONLY BY Charles Marchand

☞Mention this publication.

Chemist and Graduate of the "Ecole Centrale des Arts et Manufactures de Paris" (France).

SOLD BY LEADING DRUGGISTS.

Laboratory, 28 Prince St., New York.

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For NERVOUS PROSTRATION, BRAIN EXHAUSTION, NEURASTHENIA, and all forms of MENTAL and PHYSICAL DEBILITY.

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